

COMMUNITIES OF EXCELLENCE

Needs Assessment Guide

NOVEMBER 2003



California Department of Health Services,
Tobacco Control Section

COMMUNITIES OF EXCELLENCE

Needs Assessment Guide

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California Department of Health Services,
Tobacco Control Section



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overview

COMMUNITIES OF EXCELLENCE IN TOBACCO CONTROL OVERVIEW

2

NEEDS ASSESSMENT OVERVIEW

4

PROCESS AND TIMEFRAMES

5

TRAINING AGENDA

NEEDS ASSESSMENT OVERVIEW

Purpose of the Manual

The purpose of this manual is to provide information that will help you complete the Communities of Excellence (CX) needs assessment in preparation for writing your 2004-2007 Local Lead Agency Comprehensive Tobacco Control Plan.

This manual provides:

- A list of the CX indicators and assets, including new indicators submitted from the field and approved by the Tobacco Control Section;
- The overall statewide average rating of core indicators and assets from the 2001-2004 Local Lead Agency Comprehensive Tobacco Control Plans for local comparison purposes;
- Instructions on how to complete the CX needs assessment;
- Suggestions for data sources to use in rating the indicators and assets;
- Ideas for involving community partners;
- Suggestions for conducting a prioritization process with coalition members;
- Timelines;
- Tools to help you get organized;
- Tools to help educate your coalition about CX; and
- Information about what you can expect to find in the *2004-2007 Local Lead Agency Tobacco Control Guidelines*, which will be released in January 2004.

Purpose of the CX Needs Assessment

If you think of the 2004-2007 Comprehensive Tobacco Control Plan as the travel itinerary for the journey that your agency and coalition will undertake over the next three years, then the CX needs assessment is the pre-trip research conducted prior to selecting and identifying the objectives for the Plan. The pre-trip research involves the coalition in the assessment, reviewing both quantitative and qualitative data, identifying priorities, and setting broad goals for the Plan. As a result of this involvement, the likelihood of arriving at a destination that the coalition agrees is important, that can be defended to community leaders, and that focuses on changing community norms about tobacco use is increased.

While one approach to travel is to spontaneously select a destination, cajole a few friends into joining you, and then take off with nothing more than a full tank of gas and a packed suitcase, such an approach increases the risk of:

- Taking twice as long to get to your destination because you got lost without a map;
- Packing the wrong clothes for the weather or type of activities planned;
- Eating at a lot of greasy fast-food stops when your travel companions expected 5-A-Day cuisine;
- Fighting with your traveling companions over unmet expectations; and
- Spending more money than planned.

Similarly in tobacco control, sometimes one person will spontaneously decide to go in a specific direction without the benefit of assessing the community's needs or involving others. Occasionally, these individuals are successful. However, it's also true that communities have found the spontaneous approach to cost more in time and resources, may harm working relationships, generate unnecessary opposition, or result in an accomplishment that didn't reflect a meaningful public health gain.

The purpose of the CX needs assessment is to conduct some research ahead of time, talk things through with your traveling companions, and agree that the destination is Yosemite rather than Daytona Beach. Then, as the Plan is developed, it is clear to your traveling companions that they need to pack walking shoes and a jacket instead of flip flops and a swimsuit, and there will be awareness that a strategy for hiding food from the bears is required.

NEEDS ASSESSMENT OVERVIEW (Continued)

Travel Itinerary

Specific instructions for preparing the actual Plan, aka “tobacco control travel itinerary,” will be released in the *2004-2007 Local Lead Agency Tobacco Control Guidelines* and the *Local Program Evaluation Planning Guide*. These documents will include sample objectives and evaluation designs. The “travel itinerary” portion of the Plan to be submitted to the Tobacco Control Section will include the following components.

1. **CX Needs Assessment:** This is the pre-trip research conducted to prepare for the trip and prioritize possible destinations.
2. **Objectives:** These identify where you started from, where you are going, when you plan to arrive, and how you will know you have arrived.
3. **Program Activities:** These describe how you are going to get to your destination.
4. **Timelines:** These identify arrival and departure dates for major activities. They reflect how long you expect to spend at various junctions.
5. **Who is Responsible:** This identifies the people who are assigned to various tasks on the trip.
6. **Tracking Measures:** These are the souvenirs that you intend to collect and save from your trip. They include things such as press releases, training materials, sign-in sheets, survey instruments, press releases, etc.
7. **Evaluation Design:** This helps to ensure that the trip is going as planned and to identify adjustments that are needed along the way. It also serves to document the trip and to explain the extent to which the objectives were achieved.

Closing

In closing, the Tobacco Control Section wishes you good luck on your pre-trip research and looks forward to reviewing the itinerary you prepare for your 2004-2007 tobacco control journey. For background information about CX, its development, and a summary of the CX evaluation findings, please see the *Communities of Excellence Overview* in the “Tools to Help Your Coalition Understand CX” section of this manual.

PROCESS AND TIMEFRAMES

Communities of Excellence Training

OCTOBER 2003



Conduct Assessment of Community Indicators and Assets

OCTOBER 2003 – JANUARY 2004



Compile Assessment Results and Share With Coalition Members

FEBRUARY 2004



Based on Assessment Findings, Prioritize Indicators and Assets With Coalitions Members

FEBRUARY 2004



Determine Which Indicators and Assets Will Become Objectives

FEBRUARY 2004



Write Scope of Work Objectives, Activities and Evaluation Plans

MARCH - APRIL 2004



Submit Comprehensive Plans to the Tobacco Control Section

APRIL 2004

TRAINING AGENDA

Day 1 • October 28, 2003

7:00 – 8:30	Registration and Continental Breakfast
8:30 – 8:45	Welcome and Introductions Nancy Guenther, Tobacco Control Section
8:45 – 9:15	Communities of Excellence Background and Overview Holly Sisneros, Tobacco Control Section
9:15 – 10:00	Community Indicators and Assets April Roeseler, Tobacco Control Section
10:00 – 10:20	Bringing the Indicators to Life Denice Dennis, Contra Costa County
10:20 – 10:30	Break
10:30 – 10:45	Completing CX Needs Assessment Forms April Roeseler, Tobacco Control Section
10:45 – 11:15	Data Overview Jessica Schumacher, Tobacco Control Section
11:15 – 11:45	Getting Started Kay Adkins, San Bernadino County Steve Jensen, Yolo County
11:45 – 12:00	Questions and Answers Nancy Guenther, Tobacco Control Section
12:00 – 1:30	Lunch Break
1:30 – 1:45	Welcome and Introductions Paul Hunting, Tobacco Control Section
1:45 – 2:30	Communities of Excellence: The Big Picture April Roeseler, Tobacco Control Section Holly Sisneros, Tobacco Control Section Hao Tang, Tobacco Control Section
2:30 – 2:45	Introducing the New Indicators Nancy Guenther, Tobacco Control Section
2:45 – 3:15	The Power of 13 + 3 + 14 Tonia Hagaman, Tobacco Control Section
3:15 – 3:30	Break
3:30 – 4:45	Planning for the Planning Process Beth Thompson, Shasta County Norma King, Amador Rosanna Jackson, Tobacco Control Section
4:45 – 5:00	Questions and Answers Nancy Guenther, Tobacco Control Section

TRAINING AGENDA (Continued)**Day 2 • October 29, 2003**

- 7:30 – 8:30 Registration and Continental Breakfast**
- 8:30 – 8:45 Introductions**
Rebecca Lourenco, Tobacco Control Section
- 8:45 – 10:00 Getting and Using Data**
Jessica Schumacher, Tobacco Control Section
Kieren Jameson, TECC
Lisa Peterson, TECC
- 10:00 – 10:15 Break**
- 10:15 – 11:30 Completing CX Needs Assessment Forms**
Holly Sisneros, Tobacco Control Section
Jessica Schumacher, Tobacco Control Section
- 11:30 – 1:00 Lunch Break**
- 1:00 – 2:45 Priority Setting**
April Roeseler, Tobacco Control Section
Kerri Hill, Sonoma County
Marcia Brown-Machen, City of Berkeley
- 2:45 – 3:00 Break**
- 3:00 – 3:45 Beyond CX: LLA Guidelines and Resources to Help You**
Joanne Wellman-Benson, Tobacco Control Section
Michael MacIntosh, Tobacco Control Section
Hao Tang, Tobacco Control Section
David Cowling, Tobacco Control Section
- 3:45 – 4:00 Questions and Answers**
Nancy Guenther, Tobacco Control Section
- 4:00 – 4:15 Raffle and Wrap-up**
April Roeseler, Tobacco Control Section



indicators & assets

COMMUNITY INDICATORS AND ASSETS

<i>8</i>	INFORMATION ABOUT THE COMMUNITY INDICATORS AND ASSETS
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INFORMATION ABOUT THE COMMUNITY INDICATORS AND ASSETS

The numbering scheme for the community indicators and assets was modified.

- For the indicators, the first number assigned designates the priority area, the second number assigned designates the subcategory within the priority area, and the third number assigned reflects a consecutive numerical ordering for all the indicators in the subcategory.
- For the assets, the first number assigned designates the type of asset and the second number assigned reflects a consecutive numerical ordering for all the assets in that category.

2004 - 2007 Core Indicators

This table lists the core indicators that each Local Lead Agency is to assess as part of their 2004-2007 Comprehensive Tobacco Control Plan.

2001 Statewide Rating of Core Indicators

This table provides the overall statewide average rating of each core indicator as rated by Local Lead Agencies in 2001. The table references the new and old numbering schemes. The wording of the indicators is as it was in 2001. The wording of a few of the indicators was modified in 2003, so this list of core indicators is not identical to the wording for the 2004-2007 Core Indicators list.

2004 - 2007 Assets

This table lists the assets that each Local Lead Agency is to assess as part of their 2004 -2007 Comprehensive Tobacco Control Plan.

2001 Statewide Rating of Assets

This table provides the overall statewide average rating of each asset as rated by Local Lead Agencies in 2001. The table references the new and old numbering schemes. The wording of assets is as it was in 2001. The wording of one asset was modified in 2003, so this list of assets is not identical to the wording for the 2004-2007 Assets list.

Complete List of Indicators and Assets

The final document in this section is the entire list of community indicators and assets that are available for the 2004-2007 needs assessment. The first column of this table provides the wording for the indicator or asset. Several new indicators were added or modifications were made to indicators based on recommendations from the field and Tobacco Control Section staff. The second column describes the continuum of intervention strategies that are appropriate to that indicator or asset. The final column suggests data sources relevant to that indicator or asset. Website addresses are located in the appendix.

CORE INDICATORS FOR 2004 – 2007

COMMUNITIES OF EXCELLENCE IN TOBACCO CONTROL CORE INDICATORS FOR 2004 – 2007	
1.1.1	Extent of in-store tobacco advertising and promotions -or- the proportion of communities with policies that control the extent of in-store tobacco advertising and promotions
1.1.2	Extent of tobacco advertising outside retail stores -or- the proportion of communities with policies that control the extent of tobacco advertising outside retail stores
1.1.6	Extent of tobacco sponsorship at public (e.g., county fair) and private events (e.g., concert, bars) -or- the proportion of entertainment and sporting venues with policies that regulate tobacco sponsorship
1.3.1	Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years with reinforcement in high school using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills (CDC Guideline)
2.1.3	Extent of enforcement/compliance with state/local smoke-free bar & gaming law(s)
2.1.5	Extent of compliance with the state law that prohibits the use of tobacco by all students, school staff, parents, and visitors in public school district-owned or leased buildings, on district grounds, and in district vehicles
2.2.1	Proportion of homes with a smoker in the household who report their home is smoke-free
2.2.16	Extent of outdoor recreational facilities, areas and events, (e.g., fairgrounds, beaches, piers, amusement parks, playgrounds, sport stadiums, parades, etc.) that have policies designating a portion or all the outdoor area or event as smoke-free
3.1.1	Extent of compliance with state laws prohibiting the sale of tobacco sales to minors and requiring ID checking
3.2.1	Proportion of communities with tobacco retail licensing policies
3.2.3	Proportion of communities with policies that prohibit the sale of all tobacco products (e.g., cigarettes, smokeless tobacco and cigars) through self-service displays and which require tobacco products to be in a locked or covered case
4.1.1	Extent that culturally and linguistically appropriate behavior modification-based tobacco cessation services are available and well-utilized in the community
4.1.2	Extent that public school districts provide cessation support for students and all staff who use tobacco (CDC Guidelines)

2001 STATEWIDE RATING OF CORE INDICATORS

2001 COMMUNITIES OF EXCELLENCE IN TOBACCO CONTROL CORE INDICATORS		2001 STATEWIDE OVERALL RATING	LLA 2001 OVERALL RATING (FILL IN)
1.1.1 (1)	Extent of in-store tobacco advertising and promotions -or- the proportion of communities with policies that control the extent of in-store tobacco advertising and promotions	1.35	
1.1.2 (2)	Extent of tobacco advertising outside retail stores -or- the proportion of communities with policies that control the extent of tobacco advertising outside retail stores	1.44	
1.1.6 (3)	Extent of tobacco sponsorship at public (e.g., county fair) and private events (e.g., concert, bars) -or- the proportion of entertainment and sporting venues with policies that regulate tobacco sponsorship	1.68	
1.3.1 (18)	Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years with reinforcement in high school using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills (CDC Guideline)	1.91	
2.1.3 (28)	Extent of enforcement/compliance with state/local smoke-free bar & gaming law(s)	2.41	
2.1.5 (29)	Extent of compliance with the state law that prohibits the use of tobacco by all students, school staff, parents, and visitors in public school district-owned or leased buildings, on district grounds, and in district vehicles	2.60	
2.2.1 (30)	Proportion of homes with a smoker in the household who report their home is smoke-free	2.19	
2.2.16 (40)	Extent of outdoor recreational facilities, (e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc.) that have policies designating a portion or all the outdoor areas as smoke-free	1.61	
3.1.1 (44)	Extent of compliance with state laws prohibiting the sale of tobacco sales to minors and requiring ID checking	2.23	
3.2.1 (46)	Proportion of communities with tobacco retail licensing policies	0.44	
3.2.3 (52)	Proportion of communities that control self-service sales of tobacco	1.90	
4.1.1 (59)	Extent of the availability and use of culturally and linguistically appropriate behavior modification-based tobacco cessation services in the community	1.88	
4.1.2 (62)	Extent that public school districts provide cessation support for students and all staff who use tobacco (CDC Guidelines)	1.50	

Note: Indicators were re-numbered. The first number given, is the current number for that indicator.
The number in parenthesis is the previous number assigned to the indicator.

ASSETS FOR 2004 – 2007

COMMUNITIES OF EXCELLENCE IN TOBACCO CONTROL ASSETS FOR 2004 – 2007	
1.1	<p>Global per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials:</p> <ul style="list-style-type: none"> • < 100,000 population: \$8-\$10/capita • 101,000-500,000 population: \$6-\$8/capita • ≥ 501,000 population: \$4-\$6/capita <p>Subset of Global per capita funding for school programs:</p> <ul style="list-style-type: none"> • \$4.00 to \$6.00 per student regardless of school population size
1.2	Extent MSA funds are appropriated for the purpose of tobacco control activities
1.3	Extent local Prop. 10 funds are appropriated for cessation, and secondhand smoke education targeting pregnant women and families with young children
2.1	Extent TCS-funded projects in the health jurisdiction provide tobacco control advocacy training for youth and adults to develop community leaders
2.2	Extent of satisfaction with program planning, involvement of the community, implementation, quality of services and progress made by coalition members
2.3	Extent of support by local key opinion leaders for tobacco related community norm change strategies
2.4	Extent of community activism among youth to support tobacco control
2.5	Extent of community activism among adults to support tobacco control
2.6	Extent of participation of non-traditional partners in tobacco control coalitions
3.1	Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community
3.2	Extent to which the LLA and other TCS-funded projects in the health jurisdiction include specific objectives in their workplans/scopes of work to address cultural or ethnic/minority communities or populations in relation to the demographics of the community
3.3	Extent that the LLA tobacco control coalition by-laws and coalition member agency mission statements promote cultural diversity and competence
3.4	Extent that educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect the cultures, ethnic backgrounds and languages of the communities served in relation to the demographics of the community
3.5	Extent that bilingual staff, subcontractors and consultants are part of the LLA and TCS-funded projects in proportion to the demographics of the local health jurisdiction

2001 STATEWIDE RATING OF ASSETS

2001 COMMUNITIES OF EXCELLENCE IN TOBACCO CONTROL ASSETS		2001 STATEWIDE OVERALL RATING	LLA 2001 OVERALL RATING (FILL IN)
1.1 (1)	Per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials: <ul style="list-style-type: none"> < 100,000 population: \$8-\$10/capita 101,000-500,000 population: \$6-\$8/capita ≥ 501,000 population: \$4-\$6/capita 	1.70	
1.2 (2)	Extent MSA funds are appropriated for the purpose of tobacco control activities	1.10	
1.3 (3)	Extent local Prop. 10 funds are appropriated for cessation, and secondhand smoke education targeting pregnant women and families with young children	1.52	
2.1 (4)	Extent TCS-funded projects in the health jurisdiction provide tobacco control advocacy training for youth and adults to develop community leaders	2.50	
2.2 (5)	Extent of satisfaction with program planning, involvement of the community, implementation, quality of services and progress made by coalition members	2.55	
2.3 (6)	Extent of support by local key opinion leaders for tobacco related community norm change strategies	2.05	
2.4 (7)	Extent of community activism among youth to support tobacco control	2.24	
2.5 (8)	Extent of community activism among adults to support tobacco control	2.08	
2.6 (9)	Extent of participation of non-traditional partners in tobacco control coalitions	1.80	
3.1 (10)	Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community	2.13	
3.2 (11)	Extent to which the LLA and other TCS-funded projects in the health jurisdiction include specific objectives in their workplans/scopes of work to address cultural or ethnic/minority communities or populations in relation to the demographics of the community	1.90	
3.3 (12)	Extent that the LLA tobacco control coalition by-laws and coalition member agency mission statements promote cultural diversity and competence	1.70	
3.4 (13)	Extent that educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect the cultures, ethnic backgrounds and languages of the communities served in relation to the demographics of the community	2.47	
3.5 (14)	Extent that bilingual staff, subcontractors and consultants are part of the LLA and TCS-funded projects in proportion to the demographics of the local health jurisdiction	2.31	

Note: Assets were re-numbered. The first number given, is the current number for that asset. The number in parenthesis is the previous number assigned to the asset.

COMMUNITY INDICATORS

PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES (1)

Tobacco Marketing and Deglamorization Indicators (.1)

Definition: Tobacco marketing and deglamorization indicators address the: 1) marketing tactics used to promote tobacco products and their use, 2) the public image of tobacco companies, and 3) activities to counter the marketing, glamorization and normalization of tobacco use.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.1.1	Extent of in-store tobacco advertising and promotions -or- the proportion of communities with policies that control the extent of in-store tobacco advertising and promotions	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • C-STATS Website, Policy • TECC Project Directory Website
1.1.2	Extent of tobacco advertising outside retail stores -or- the proportion of communities with policies that control the extent of tobacco advertising outside retail stores	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • Local Survey Data • C-STATS Website, Policy, Policy Support (Adult) • TECC Project Directory Website
1.1.3	Extent of tobacco advertisements in magazines, newspapers and other print media -or- the proportion of magazines, newspapers and other print media that control the extent of tobacco advertisements	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • C-STATS Website, Policy Support (Adult) • Local Survey Data • TECC Project Directory Website
1.1.4	Extent of outdoor tobacco ads and billboards that are less than 14 square feet	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data
1.1.5	Extent of compliance with MSA outdoor advertising, print advertising, sponsorship and promotional requirements	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Survey Data • California AG Website • Project SMART\$ Web Page
1.1.6	Extent of tobacco sponsorship at public (e.g., county fair) and private events (e.g., concert, bars) -or- the proportion of entertainment and sporting venues with policies that regulate tobacco sponsorship	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy, Policy Support (Adult), Media Exposure (Youth) • Buck Tobacco Website • TECC Project Directory Website • Project SMART\$ Events Calendar • TALC Website • Local Survey Data

COMMUNITY INDICATORS (Continued)

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.1.7	Extent of tobacco-company-sponsored bar and club nights and related advertising	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • Project SMART Money-Bar Nights Calendar • TIME List Serve • TECC Project Directory Website
1.1.8	Extent of tobacco advertising and sponsorship at college related events -or- the proportion of colleges with policies to control the extent of tobacco advertising and sponsorship at college related events	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • CYAN Policy List • C-STATS Website, Policy • TIME List Serve • TECC Project Directory Website • TALC Website
1.1.9	Extent of tobacco company contributions to educational, research, public health, women's, cultural, entertainment, fraternity/sorority groups and social service institutions	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • Project SMART \$ Webpage – Policy Development Tools • TIME List Serve • Altria Website • TECC Project Directory Website
1.1.10	Extent of tobacco company contributions to support political campaigns of elected officials	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Common Cause Website • UCSF Website • Tobacco Free Kids Website • TECC Project Directory Website
1.1.11	Extent of socially responsible depiction of tobacco use, tobacco advertising and secondhand smoke restrictions by the entertainment industry	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • C-STATS, Media Exposure (Youth) • Smoke Free Movies Website • Scene Smoking Website • Thumbs Up, Thumbs Down Website • TECC Project Directory Website
1.1.12	Extent of the availability of candy look alike tobacco products	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
1.1.13	Extent of news media stories about tobacco industry deception	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Local Assessment • TECC Project Directory Website
1.1.14	Extent that public school districts have a policy prohibiting wearing or carrying of tobacco promotional items at school	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Enforcement 	<ul style="list-style-type: none"> • California Healthy Kids Website • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES (1)

Reduce Tobacco Industry Influence Economic Indicators (.2)

Definition: The Economic community indicators address the financial incentives and disincentives that can be implemented to promote non-tobacco use norms.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.2.1	Extent that public (e.g., county and city government) and private institutions (e.g., unions; private university) divest of tobacco stock	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • Big Tobacco Sucks Website • TALC Website • TECC Project Directory Website
1.2.2	Extent that public and private employers offer discounted health insurance premiums for non-tobacco users	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • Local Review of Health Insurance Coverage Benefits • TECC Project Directory Website
1.2.3	Extent that public school districts and public institutions such as hospitals or correctional facilities adopt a selective purchase policy indicating that tobacco company subsidiary food products will not be bought	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • TUPE Coordinator • TECC Project Directory Website
1.2.4	Extent of policies that increase the price of tobacco products and generates revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy 	<ul style="list-style-type: none"> • C-STATS Website, Policy

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES (1)

School and Community-based Prevention Indicators (.3)

Definition: The School and community-based prevention community indicators address the availability and provision of tobacco use prevention information that impacts youths in school and youth serving programs such as the Scouts or 4-H.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.3.1	Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years with reinforcement in high school using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills (CDC Guideline)	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • California Healthy Kids Website
1.3.2	Extent of teachers who report receiving tobacco use prevention specific training for teachers	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • California Student Tobacco Survey (statewide only)
1.3.3	Extent of school districts that involve parents or families in support of school-based tobacco use prevention (CDC Guideline)	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • California Student Tobacco Survey (statewide only)
1.3.4	Proportion of youth serving programs that provide intensive tobacco use prevention instruction using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • C-STATS, Youth Prevention (Youth) • Local Survey Data • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: COUNTERING PRO-TOBACCO INFLUENCES (1)

Physical Environment Indicators (.4)

Definition: The Physical Environment community indicators address the pollution and safety hazards posed to the natural environment by the production and use of tobacco products.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.4.1	Extent that public policies prohibit tobacco litter in public places including parks, playgrounds, and beaches	Education/Awareness Approach Voluntary Policy	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
1.4.2	Extent that low-income housing complexes have cigarette related fire prevention policies	Education/Awareness Approach Voluntary Policy Legislated Policy	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: COUNTER PRO-TOBACCO INFLUENCES (1)

Global Movement Indicators (.5)

Definition: The Global Movement community indicators address: 1) countering the national and international sale and promotion of tobacco products by tobacco companies in other states and countries; and 2) building the capacity of other states and countries to respond to the marketing and sales practices of tobacco companies and the public health impact of their practices.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.5.1	Extent of local resolutions in support of national policies to hold US tobacco companies to the same standards in the sale and marketing of their products nationally and internationally	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
1.5.2	Extent of local resolutions in support of national policies to hold US tobacco companies to the same standards in their production of tobacco products nationally and internationally, e.g., pesticide use, genetic engineering, etc.	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
1.5.3	Extent of local resolutions in support of the WHO Framework Convention on Tobacco Control	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website • CDC Global Tobacco Website • WHO Website
1.5.4	Extent that local tobacco control programs exchange information and resources to build tobacco control efforts nationally and internationally in response to tobacco company marketing and sales practices and the public health impact of those practices	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: REDUCE EXPOSURE TO SECONDHAND SMOKE (2)

Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators (.1)

Definition: These community indicators address enforcement and/or compliance of state or local legislated policies intended to reduce or control exposure to secondhand smoke in indoor and outdoor settings.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
2.1.1	Extent of enforcement/compliance with state/local smoke-free worksite law(s) (excluding bars & gaming)	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Secondhand Smoke (Adults) • TECC Project Directory Website • CODE Report • Local Complaint Database
2.1.2	Extent of enforcement/compliance with American Indian tribal smoke-free worksite law(s) (excluding bars & gaming)	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • American Indian Network • TECC Project Directory Website
2.1.3	Extent of enforcement/compliance of enforcement of state/local smoke-free bar & gaming law(s)	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • TECC Project Directory Website • CODE Report • Local Complaint Database
2.1.4	Extent of enforcement/compliance with American Indian tribal smoke-free bar and gaming law(s)	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • American Indian Network • TECC Project Directory Website
2.1.5	Extent of compliance with the state law that prohibits the use of tobacco by all students, school staff, parents, and visitors in public school district-owned or leased buildings, on district grounds, and in district vehicles	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Youth Prevention (Youth) • TUPE Coordinator
2.1.6	The extent of compliance with state or local policies that prohibit smoking within 20 feet or more of outside doorways	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Complaint Database • TECC Project Directory Website
2.1.7	Extent of compliance with state or local laws prohibiting smoking in playgrounds and tot lots	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Complaint Database • Local Survey Data • TECC Project Directory Website • CODE Report

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: REDUCE EXPOSURE TO SECONDHAND SMOKE (2)

Reduce Exposure to Secondhand Smoke Policy Indicators (.2)

Definition: These community indicators address the adoption of voluntary or legislated policies to reduce or control exposure to secondhand smoke in indoor and outdoor settings by individuals, families, agencies, organizations, businesses, boards, government bodies and others.

**Enforcement is listed as a strategy for those communities that have adopted a policy and need to consider compliance and enforcement.*

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
2.2.1	Proportion of homes with a smoker in the household who report their home is smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • C-STATS Website, Secondhand Smoke (Youth, Adults) • TECC Project Directory Website
2.2.2	Proportion of families with a smoker who report their personal vehicles are smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • C-STATS Website, Secondhand Smoke (Youth) • TECC Project Directory Website
2.2.3	Proportion of American Indian tribes with tribal smoke-free worksite policies	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • American Indian Network • TECC Project Directory Website
2.2.4	The proportion of communities with policies that include restrictions on smoking in those indoor worksite areas exempted by the state smoke-free workplace law such as owner operated bars and tobacco shops (excluding hotels)	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
2.2.5	Extent that hotels have policies designating lobbies and outdoor common areas such as swimming pools and hotel entrances as smoke-free – or – The proportion of communities with policies that designate hotel lobbies and outdoor common areas such as swimming pools and hotel entrances as smoke free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
2.2.6	Extent that restaurants and bars with outdoor areas designate the outdoor dining area as smoke-free including use of cigarettes, cigars and hookahs	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
2.2.7	Extent that non-dining outdoor worksites (e.g. construction sites, lumber mills, forests) have policies designating the worksite as smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
2.2.8	Extent that worksites prohibit smoking within 20 feet or more of outside doorways	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • CYAN List of College Policies • Local Survey Data • TECC Project Directory Website
2.2.9	Extent of policies that create smoke-free outdoor public walkways, streets, plazas, school campus quads, college campuses, shopping centers and other outdoor public places which are not intended primarily for recreational use	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policies • CYAN List of College Policies • Local Survey Data • TECC Project Directory
2.2.10	Extent of policies that prohibit smoking by employees, residents and visitors on the campus of health care facilities, drug and rehab facilities, and residential care facilities for the elderly, developmentally or mentally disabled	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
2.2.11	Extent that multi-unit housing and public housing complexes have policies that designate common outdoor areas as smoke-free, e.g., playground, swimming pool areas and entrances	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Smoke-Free Apts. Website • Smoke Free Housing Website • Local Survey Data • TECC Project Directory
2.2.12	Extent that multi-unit housing and public housing complexes have policies designating common indoor areas as smoke-free, e.g., laundry room, hallways, stairways, lobby area	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Smoke-Free Apts. Website • Smoke Free Housing Website • Local Survey Data • TECC Project Directory Website
2.2.13	Extent that multi-unit housing complexes (e.g., apartment owners, condo associations and public housing boards) adopt policies that protect residents from drifting secondhand smoke between units and incorporate enforcement/compliance remedies such as including secondhand smoke exposure in nuisance abatement statutes	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • Smoke-Free Apts. Website • Smoke Free Housing Website • Local Survey Data • TECC Project Directory Website
2.2.14	Extent that single resident occupancy hotel rooms designate a portion of rooms and common indoor areas as smoke-free, e.g., laundry room, hallways, stairways, lobby	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Enforcement 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
2.2.15	Extent that single resident occupancy hotel rooms adopt policies designating common outdoor areas as smoke-free, e.g., playgrounds, swimming pool, entrances	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
2.2.16	Extent that outdoor recreational facilities, areas and events, e.g., fairgrounds, beaches, piers, amusement parks, playgrounds, sport stadiums, parades, etc., have policies designating a portion or all the outdoor area or event as smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • Project SMART \$ Webpage, Local Policy List • TECC Project Directory Website
2.2.17	Extent that private elementary and high school designate campuses as tobacco-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • C-STATS Website, Youth Prevention (Youth) • Local Survey Data • TECC Project Directory Website
2.2.18	Extent that foster care homes are designated as smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
2.2.19	Extent that movie theaters, sporting events and entertainment events designate outdoor waiting lines for tickets, food service, restrooms, etc., as smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
2.2.20	Extent that faith community organizations (e.g., churches, synagogues, and temples) designate their events and grounds as smoke-free	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website

COMMUNITY INDICATORS (Continued)

Priority Area: Reduce the Availability of Tobacco (3)

Reduce the Availability of Tobacco Enforcement/Compliance Indicators (.1)

Definition: These community indicators address enforcement and/or compliance of state or local legislated policies intended to control the sale, distribution, sampling or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
3.1.1	Extent of compliance with state laws prohibiting the sale of tobacco to minors and requiring ID checking	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • C-STATS, Policy Support (Adults) • Local Youth Purchase Survey Data • CODE Report • TECC Project Directory Website
3.1.2	Extent of compliance with posting the STAKE Act age-of-sale warning signs	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Youth Purchase Survey Data • CODE Report • TECC Project Directory Website
3.1.3	Extent of compliance with state or local laws prohibiting the sale of cigarettes or tobacco products from self-service displays	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Youth Purchase Survey Data • CODE Report • TECC Project Directory Website
3.1.4	Extent of compliance with state law restricting the sale of bidis to businesses where minors are not allowed access	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Youth Purchase Survey Data • CODE Report • TECC Project Directory Website
3.1.5	Extent of compliance with state and local laws restricting placement of vending machines	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Youth Purchase Survey Data • TECC Project Directory Website
3.1.6	Extent of compliance with state no sales-of-single cigarettes law	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Youth Purchase Survey Data • TECC Project Directory Website
3.1.7	Extent of compliance with the MSA sales and distribution of tobacco requirements	<ul style="list-style-type: none"> • Education/Awareness Approach • Enforcement 	<ul style="list-style-type: none"> • Local Youth Purchase Survey • CA AG Website • TECC Project Directory Website
3.1.8	Extent that bidis, cigars, smokeless tobacco or "harm-reduction" products are included and tracked as part of compliance checks for enforcement of illegal tobacco sales to minors	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Local Survey Data

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: REDUCE THE AVAILABILITY OF TOBACCO (3)

Reduce the Availability of Tobacco Policy Indicators (.2)

Definition: These community indicators address the adoption of voluntary or legislated policies intended to control the sale, distribution, sampling or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

**Enforcement is listed as a strategy for those communities that have adopted a policy and need to consider compliance and enforcement.*

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
3.2.1	Proportion of communities with tobacco retail licensing policies	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy, Policy Support (Adults) • TECC Project Directory Website
3.2.2	Proportion of communities that regulate the number, location and density of tobacco retail outlets, e.g., conditional use permits	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy, Policy Support (Adults) • TECC Project Directory Website
3.2.3	Proportion of communities with policies that prohibit the sale of all tobacco products (e.g., cigarettes, smokeless tobacco and cigars) through self-service displays and which require tobacco products to be in a locked or covered case	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
3.2.4	Proportion of communities that prohibit free tobacco products sampling	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
3.2.5	Proportion of communities that have eliminated all tobacco vending machine sales	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
3.2.6	Proportion of communities that prohibit tobacco sales via mobile vendors	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy • TECC Project Directory Website
3.2.7	Proportion of independent and chain pharmacy stores that do NOT sell tobacco	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • Prescription for Change Website • TECC Project Directory Website
3.2.8	Proportion of communities with policies that prohibit or restrict the sale of tobacco and nicotine containing products, promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use	<ul style="list-style-type: none"> • Education/Awareness Approach • Legislated Policy • Enforcement 	<ul style="list-style-type: none"> • C-STATS Website, Policy

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: REDUCE THE AVAILABILITY OF TOBACCO (3)

Behavior Indicators (.3)

Definition: These community indicators address individual behaviors related to controlling the sale, distribution, sampling or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
3.3.1	Proportion of minors reporting they have received tobacco from a social source	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • California Youth Tobacco Survey (statewide only) • Local Survey Data

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: PROMOTE TOBACCO CESSATION SERVICES (4)

Provision of Cessation Services Indicators (.1)

Definition: These community indicators address the direct provision of culturally and linguistically appropriate cessation services or pharmacotherapy (not provided as part of a health insurance benefit).

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
4.1.1	Extent that culturally and linguistically appropriate behavior modification-based tobacco cessation services are available and well utilized in the community	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • C-STATS Website, Cessation • Local Survey Data
4.1.2	Extent that public school districts provide cessation support for students and all staff who use tobacco (CDC Guidelines)	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • TUPE Coordinator • California Healthy Kids Website • California Student Tobacco Survey, (statewide only)
4.1.3	Extent to which tobacco cessation programs provide free or low cost pharmacological quitting aids for cessation program participants, who are not eligible for this benefit through a government or employer subsidized health insurance plan, and link the provision of free or low cost pharmacologic quitting aids to behavior modification-based tobacco cessation services	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • Local Survey Data

COMMUNITY INDICATORS (Continued)

PRIORITY AREA: PROMOTE TOBACCO CESSATION SERVICES (4)

Cessation Policy Indicators (.2)

Definition: These community indicators address the adoption of voluntary or legislated policies designed to promote the availability of behavior modification tobacco cessation services and adjunct pharmacotherapy to aid tobacco cessation.

	COMMUNITY INDICATOR	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
4.2.1	Extent that purchasers of health insurance for public employees require the provision of tobacco cessation behavior and pharmacotherapy services consistent with the Public Health Service clinical practice guidelines	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary • Legislated Policy 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
4.2.2	Extent that managed care organizations in the community have implemented the Public Health Service clinical practice guidelines	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • Local Survey Data • TECC Project Directory Website
4.2.3	Extent of policies that restrict or prohibit use of alternative tobacco products (e.g., smokeless tobacco) at the worksite	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • Local Survey Data

COMMUNITY ASSETS

TOBACCO CONTROL FUNDING ASSETS (1)

Definition: Tobacco Control Funding Assets reflect the extent funding is available for tobacco control activities.

	COMMUNITY ASSET	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
1.1	<p>Global per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials:</p> <ul style="list-style-type: none"> • < 100,000 population: \$8-\$10/capita • 101,000-500,000 population: \$6-\$8/capita • > 501,000 population: \$4-\$6/capita <p>Subset of Global per capita funding for school programs:</p> <ul style="list-style-type: none"> • \$4.00 to \$6.00 per student regardless of student population size 	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • C-STATS, TUPE Funding List • LLA Allocation • Grantee funding list • County Prop 10 Plan • ALAC Website
1.2	Extent MSA funds are appropriated for the purpose of tobacco control activities	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy • Legislated Policy 	<ul style="list-style-type: none"> • ALAC Website
1.3	Extent local Prop. 10 funds are appropriated for cessation, and secondhand smoke education targeting pregnant women and families with young children	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary 	<ul style="list-style-type: none"> • County Prop 10 Plan

COMMUNITY ASSETS (Continued)

SOCIAL CAPITAL ASSETS (2)

Definition: The Social Capital Assets reflect the extent people and organizations work collaboratively in an atmosphere of trust to accomplish goals of mutual benefit.

	COMMUNITY ASSET	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
2.1	Extent TCS-funded projects in the health jurisdiction provide tobacco control advocacy training for youth and adults to develop community leaders	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • TECC Project Directory • Coalition Member Assessment
2.2	Extent of satisfaction with program planning, involvement of the community, implementation, quality of services and progress made by coalition members	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Coalition Member Assessment
2.3	Extent of support by local key opinion leaders for tobacco related community norm change strategies	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Coalition Member Assessment • ALAC Key Opinion Survey
2.4	Extent of community activism among youth to support tobacco control	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Coalition Member Assessment
2.5	Extent of community activism among adults to support tobacco control	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Coalition Member Assessment
2.6	Extent of participation of non-traditional partners in tobacco control coalitions	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Coalition Member Assessment

COMMUNITY ASSETS (Continued)

CULTURAL DIVERSITY AND CULTURAL COMPETENCY ASSETS (3)

Definition: Cultural Diversity and Cultural Competency Assets are behaviors, attitudes and policies among TCS-funded projects that enable effective work in cross-cultural situations within the community. Culture refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. Competence implies having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and the community.

	COMMUNITY ASSET	CONTINUUM OF INTERVENTION STRATEGIES	POSSIBLE DATA SOURCES
3.1	Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • LLA OTIS Coalition Report • Coalition Assessment
3.2	Extent to which the LLA and other TCS-funded projects in the health jurisdiction include specific objectives in their workplans/scopes of work to address cultural or ethnic/minority communities or populations in relation to the demographics of the community	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • TECC Project Directory Website • Coalition Assessment
3.3	Extent that the LLA tobacco control coalition by-laws and coalition member agency mission statements promote cultural diversity and competence	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Coalition Assessment
3.4	Extent that educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect the cultures, ethnic backgrounds and languages of the communities served in relation to the demographics of the community	<ul style="list-style-type: none"> • Education/Awareness Approach 	<ul style="list-style-type: none"> • Coalition Assessment
3.5	Extent that bilingual staff, subcontractors and consultants are part of the LLA and TCS-funded projects in proportion to the demographics of the local health jurisdiction	<ul style="list-style-type: none"> • Education/Awareness Approach • Voluntary Policy 	<ul style="list-style-type: none"> • Coalition Assessment



assessment

COMMUNITY ASSESSMENT WORKSHEETS AND INSTRUCTIONS

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COMMUNITY ASSESSMENT REQUIREMENTS**Each Local Lead Agency (LLA) is to assess:**

- a. The thirteen (13) core community indicators,
- b. Three (3) additional non-core community indicators,
- c. The fourteen (14) community assets

A total of 30 community indicators and assets are required for assessment by the LLA.

Following are some criteria you might use to select the three (3) additional community indicators:

- The indicator represents tobacco control strategies and interventions that are under developed in the community.
- The indicator represents tobacco control strategies and interventions that have gained momentum and require further action to be achieved.
- The indicator represents an area where little tobacco control work has been done and appears ready for innovative or more progressive work.

The assessment results will be submitted electronically with the LLA 2004–07 Comprehensive Tobacco Control Plan. The assessment worksheets and attached data sources should remain on file in your office for future reference.

OPTIONS FOR SELECTING ASSESSMENT COMMUNITIES

How is a Community Defined?

For the purpose of this assessment, the community may be defined as the entire county, one or more incorporated cities, one or more non-incorporated communities, tribal lands, or political districts. Determining where the assessment is conducted depends on the community indicator. As a result, the community area assessed may be different for each indicator.

When determining which community area will be assessed, the following guidelines and criteria may be helpful:

1. Small size counties (base allocation of \$150,000) should conduct, when possible, the indicator assessments on a county-wide level.
2. Medium and large size counties may need to conduct assessments at multiple levels, including county-wide, city, political districts or tribal lands.
3. Indicators that focus on statewide laws, such as smoke-free bars and illegal tobacco sales, should be assessed countywide whenever and wherever possible.
4. Indicators that focus on local ordinances may be best assessed at the municipal level where the laws exist or may be pending.
5. Community areas should be selected carefully so as to avoid exclusivity, i.e., the assessment should not be limited only to areas with no progress toward the indicator, nor only to areas with significant progress related to the indicator. **Ideally, the assessment results should reflect weaknesses and strengths that exist throughout the local health jurisdiction.**

COMMUNITY INDICATOR WORKSHEET INSTRUCTIONS

Indicator Number:	Identify the community indicator number listed next to the description
Core Indicator:	Indicate “yes” or “no” as to whether the community indicator is core.
Indicator Title:	Identify an abbreviated title for the community indicator.
Date(s) Assessment Conducted:	Identify the dates when your agency conducted the community assessment, e.g. November 2003 to January 2004.
Data Collection Timeframe:	Identify the month and year for the data that was used in the indicator assessment, e.g. local youth purchase survey conducted in June 2001 or local bar inspections conducted in March 2002.
Community Area Assessed:	Identify the community area being assessed for the indicator, such as the entire county, a city area, non-incorporated community, political district, or tribal land.
Rating Scale:	<p>Based on the review of various data sources and coalition discussions, rate each of the nine attributes (“public awareness” to “compliance”) on a scale of None to Excellent. A description of the nine attributes can be found on page 36. Your rating will reflect both a quantitative and qualitative assessment and may need to consider divergent data. For example, while there may be good public support for smoke-free bar enforcement, the support among law enforcement and elected officials may be poor. Use the Community Indicator Worksheet Rating Guide to help you with this portion of the assessment. It is important to recognize that qualitative data, such as observations, program history and coalition experience are relevant data sources and should be used to help assign a score value.</p> <p>If sufficient data is not available to properly assign a score, mark the box “I/D” (Insufficient Data). If a particular characteristic does Not Apply, check the “N/A” box (e.g. the quality of a “legislated policy” may not be applicable if the indicator is for a “voluntary policy”).</p>
Comment:	<p>The “Comment” section is used to record information that justifies and supports the rating. For example, describe specific local ordinances, survey results, work planned or in progress, collaboration efforts, etc.</p> <p>It is important that the comments substantiate and/or explain the score given to each attribute. Also use this section to describe special population needs for ethnic or other priority population groups identified on the Community Indicator Worksheet.</p>
Overall Indicator Rating:	Based on your rating of the nine attributes, select the rating which best applies. This process is not meant to reflect a stringent or mathematical average, but rather a summation of both quantitative and qualitative data sources derived from reviewing all the rating scores assigned to the indicators.

COMMUNITY INDICATOR WORKSHEET INSTRUCTIONS (Continued)**Ethnic/Priority Populations:**

Determine any potential ethnic or other priority population needs that are especially impacted or under-served by the indicator. Identify these groups and the types of strategies needed.

Data Sources:

Identify the data sources and the dates of the data sources used to assess the indicator, such as local survey data, statewide demographic data, prevalence data, etc. Qualitative data sources, such as coalition discussion, individual resource experts, focus group findings, and key informant interviews are acceptable data sources. Be sure to record "consensus" comments from qualitative data sources in the comment section of the form and clearly identify quantitative data sources in the list of data sources.

Attached Documents:

Attach to each Community Indicator Worksheet the documentation gathered and used during the assessment process. Maintain the documents together in your office to facilitate continued planning activities. Do not submit these documents to TCS.

Name of Person(s) or Group:

Identify the staff, coalition members, consultants, etc. involved in completing the Community Indicator Worksheet and the overall indicator assessment. This will enable you to obtain clarification if questions arise in the future. You may list group titles, rather than individual names.

COMMUNITY INDICATOR ATTRIBUTES

One of the Community Indicator Worksheet (page 37) functions is to rate indicators in relation to nine attributes. The nine attributes are described below:

Public Awareness: Refers to the level of knowledge the community has around a specific issue. While some issues have a commonly understood message, such as the dangers of secondhand smoke, public awareness can vary greatly within a community based on changing cultural and educational factors.

Public Support: Refers to the amount of backing within a community for a specific issue. The degree of public support is a key element in determining a community's readiness to tackle a policy initiative.

Media Attention: Refers to how much and how often an issue is covered by the media in a variety of venues from print to electronic. The media attention may be positive or negative in scope.

Education/Awareness Campaign: Refers to the agency's efforts to produce an educational/awareness campaign around a tobacco control issue. This may include distribution of educational materials, public presentations, outreach activities, etc.

Media Campaign: Refers to the agency's efforts to fund and place program specific media. The media strategies are geared to support program efforts and can include PSA's, radio or print ads, and newsletters.

Voluntary Policy: Refers to policies that are not mandated by law and require the commitment of businesses, communities, and other key players to ensure that the policies are enforced. Voluntary policies are often the precursor to establishing permanent community change, such as tobacco industry sponsorship policies, but rely heavily on public pressure or employer cooperation to maintain compliance.

Legislated Policy: Refers to policies passed into law, generally at the city, county or state level. Legislated policies create lasting community change and build consensus through a process that mobilizes individuals and groups often times in an unprecedented way.

Enforcement: Refers to the amount of activity dedicated to ensuring that laws are enforced. A policy's strength is highly dependent on the consistency and quality of enforcement activity.

Compliance: Refers to the level of observance for existing policies, either voluntary or legislated. Compliance is generally dependent on those impacted by the policy, such as citizens adhering to tot lot smoking provisions or business chambers refusing to accept tobacco industry funds once a policy has been adopted.

COMMUNITY INDICATOR WORKSHEET

Indicator Number: _____

Core Indicator: ☐ Yes ☐ No

Indicator Title: _____

Date(s) Assessment Conducted: _____

Data Collection Timeframe: _____

Community Area Assessed: _____

Rating Scale	None	Poor	Fair	Good	Excellent	I/D*	N/A**
1. Public awareness <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
2. Public support <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
3. Media attention <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
4. Education/awareness campaign <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY INDICATOR WORKSHEET (Continued)

Rating Scale	None	Poor	Fair	Good	Excellent	I/D*	N/A**
5. Media campaign <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
6. Voluntary policy <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
7. Legislated policy <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
8. Active enforcement <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
9. Compliance <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/>
Overall Indicator Rating	1	2	3	4	5		

* ID = Insufficient Data

** NA = Not Applicable

COMMUNITY INDICATOR WORKSHEET (Continued)

Ethnic/Priority Populations

Overall, are there ethnic or other priority populations in this community that have specific needs regarding this indicator? ☐ Yes ☐ No

If yes, identify the ethnic/priority groups and their needs: _____

Attach data source and assessment documents for documentation and planning purposes. Please maintain these materials at your office and do not submit to the Tobacco Control Section.

DATA SOURCE	DATE

Name of person(s) or group completing the Community Indicator Worksheet and assessment:

- 1.
- 2.
- 3.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Public Awareness	There is no documentation that the public is aware of the community indicator as an issue of importance. The community may not have knowledge of the issue or realize that it is an area that requires attention.	There is minimal awareness within the community that there is a problem; however, the information is not substantial enough to generate interest or concern for the issue.	There is a mixed level of awareness. While some members of the community have considerable knowledge regarding the issue, other sectors or community members have limited or no knowledge and require further education.	Awareness about the issue is generally wide spread, across cultures and geographic areas.	There is high level of awareness about the issue community-wide.
Public Support	Regardless of the community's knowledge regarding the issue, there is no support for any type of intervention impacting the problem.	While there is some limited support for the issue, the general community consensus is that the issue is not a priority and resources are better spent on other issues.	Support for the issue is sporadic and mostly inconsistent among population groups and geographic areas. Some community members support the issue while others oppose allocation of resources to the issue.	While some segments of the population do not back the issue, the large majority agree that the issue is worth supporting. There is some involvement by community members to move the issue forward.	There is consensus around the issue. The public is involved in activities that support the issue and the level of readiness to act on the issue is very high.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE (Continued)

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Media Attention	There is no documented media coverage of the issue in the last three years, either in print, electronically, on television, or radio.	There has been very minimal media coverage of the issue in the last three years, perhaps one or two media pieces that were brief in nature and did not generate community interest or action.	There has been limited media coverage of the issue in the last three years. The media items generated some interest in the issue, but little to no community action resulted.	Media coverage of the issue has been fairly consistent and has increased public awareness and created interest and action on the issue. There is some proactive involvement of the media in seeking information about the issue.	The issue has been “hot” and the media actively sought information about the issue and conducted interviews. The coverage generated extensive interest that led to community participation that moved the issue forward.
Education/ Awareness Campaign	No evidence of educational outreach or awareness raising activities within the past three years, such as materials distribution, educational presentations, public trainings, public forums, etc.	Minimal evidence of educational outreach or awareness raising activities within the past three years, such as materials distribution, educational presentations, public trainings, public forums, etc.	Moderate levels of educational activities that raise awareness and increase knowledge about an issue. Might include sporadic educational outreach that is topic specific and only conducted when the need arises. Variety of strategies and target groups is limited.	Consistent effort to maintain an awareness campaign that is comprehensive and identifies multiple target groups in a range of geographic areas. Educational methods are somewhat varied and include cultural/demographic specificity.	A comprehensive campaign that is constant, proactive and generates community involvement toward the support of various tobacco control initiatives. Incorporates multiple educational techniques that include a variety of languages, cultures and geographic areas.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE (Continued)

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Media Campaign	No placement of paid or PSA in local media in the past three years that emphasize program promotion, smoking cessation, tobacco-free or tobacco industry countering messages. No coordination with the statewide media campaign for targeted ad placement.	Minimal and very limited placement of paid or PSA in local media in the past three years. Messages may include program promotion, smoking cessation, countering tobacco use or tobacco industry strategies in radio, television, print or outdoor venues. Little to no coordination with the statewide media campaign for targeted ad placement.	Sporadic placement of paid or PSA in local media that is limited in its cultural, language and geographic diversity. Media placement is only somewhat coordinated with program activities and statewide coordination is minimal.	Comprehensive paid or PSA media campaign that supports program activities and targets appropriate cultural groups in relevant languages. Placement is responsive to demographic needs. Some coordination with statewide media campaign.	A comprehensive paid or PSA media campaign that strategically places media to generate public support for program activities and leads to community mobilization around an issue. Media ads are highly reflective of the community's demographic, cultural and language needs. Strong coordination with the statewide media campaign.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE (Continued)

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Voluntary Policy	No attempt in the last three years to establish a voluntary policy regarding a tobacco control issue, such as restricting in-store tobacco advertising, eliminating tobacco industry sponsorship, establishing smoke-free rental properties or divesting from tobacco stocks.	Unsuccessful attempt in the last three years to establish a voluntary policy. Attempts did not include documentation of the problem, community mobilization, education efforts or support of the key players.	Established a voluntary policy in the last three years, but with no means for ensuring compliance. Some attempt to provide documentation of the problem, mobilize the community and key players, and conduct education around the issue.	Established a voluntary policy in the last three years that includes means for determining compliance. Policy is generally comprehensive and creates permanent change within the community.	Established one or multiple voluntary policy(s) in the last three years that include sound mechanisms for determining compliance. The policies are very comprehensive and create permanent change within the community. Policies may be enforced by the policy adopter or by public pressure resulting from the community mobilization process that led to the policy's establishment.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE (Continued)

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Legislated Policy	No attempt to establish a legislated policy regarding a tobacco control issue, such as retail licensing, advertising restrictions, tobacco event sponsorship, smoke-free entrances, or availability of tobacco look-alike or bidi products.	Unsuccessful attempt to establish a legislated policy regarding a tobacco control issue. Attempt did not include documentation of the problem, community mobilization, education efforts, collection of sample ordinances, or support of the key players.	Established a legislated policy regarding a tobacco control issue, but with no enforcement mechanisms or means for determining compliance. The community may have documented the problem, collected sample ordinances, conducted education. Minimal community mobilization and involvement of key players occurred.	Established one or more legislated policies that were supported by community mobilization activities and adequate documentation of the problem. Enforcement mechanisms are planned for or may be established.	Established one or more legislated policies that were supported by community mobilization activities and very clear documentation of the problem. Sound enforcement mechanisms are in place and compliance is carefully monitored.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE (Continued)

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Enforcement	No effort has been made in the last three years to ensure adequate enforcement of established policies, such as California's Smoke-free Workplace Law or local ordinances that address tobacco advertising or youth access to tobacco. Possibly no enforcement agency identified.	Limited attempt in the last three years to ensure adequate enforcement of established policies. Enforcement attempt may have been limited to a single occurrence that had little to no impact on compliance. Minimal education and communication with enforcement agents and weak enforcement protocols in place.	Sporadic enforcement of established policies. Sometimes generated due to public complaints and not a consistent effort to maintain an enforcement presence. Protocols are adequate.	Implementation of enforcement activities on a regular basis. Penalties are assessed and enforcement agents are informed of protocols. Protocols for non-compliance reporting and follow-up procedures with enforcement agents.	Implementation of continuous enforcement activities that are regular and include violation penalties. Regular communication with the enforcement agents. Strong enforcement protocols that include reporting and citing procedures. Documentation of compliance rates and established enforcement activities that respond to non-compliers.

COMMUNITY INDICATOR WORKSHEET RATING GUIDE (Continued)

STRATEGY	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Compliance	Compliance rates for an established state or local law are not documented, generally due to lack of enforcement.	Compliance rates are well below an acceptable level* and some of the parties governed by the law do not consider enforcement efforts a threat to their business or organization.	Compliance rates are at a level that demonstrates an enforcement presence, but are not significant enough to create community/peer pressure toward compliance or create an environment that supports public reporting of violators.	Compliance rates are sustained annually or bi-annually at acceptable levels. Ongoing contact with enforcement agents and education efforts are necessary to ensure compliance and rate maintenance and community presence.	Compliance rates consistently remain high. Enforcement and public reporting actions are accepted by the community as an ongoing activity. There is continual contact with organizations and businesses governed by the law.

COMMUNITY ASSETS WORKSHEET INSTRUCTIONS

Community Area Assessed:	Identify the community area being assessed, such as the entire county, a city, non-incorporated community, tribal land or political district.
Date(s) Assessment Conducted:	Identify the dates when your agency conducted the Community assessment, e.g., November 2003 - January 2004.
Data Collection Timeframe:	Identify the month and year in which the data used in the assessment is from, e.g., July 2002.
Community Asset:	For each of the fourteen Assets, rate the quality on a scale of None to Excellent. If there is not sufficient knowledge or data available to assign a number, mark the box "D/K" (Don't Know).
Comment:	Use the "Comment" section to record information that justifies and supports the rating.
Data Sources:	Identify the data sources used to score the assets, such as opinion leader surveys, tobacco control spending documents, etc.
Attached Documents:	Attach to the Community Assets Worksheet the documentation gathered and used during the assessment process. Maintain the documents together to facilitate continued planning activities.
Name of Person(s) or Group:	Identify the staff, coalition members, consultants, etc. involved in completing the Community Assets Worksheet and assessment. This will enable you to obtain clarification should questions arise in the future. You may list group titles rather than individual names.

COMMUNITY ASSETS WORKSHEET

Community Area Assessed: _____

Date(s) Assessment Conducted: _____

Data Collection Timeframe: _____

Community Asset	None	Poor	Fair	Good	Excellent	D/K*
1.1 Global per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials: <ul style="list-style-type: none"> • < 100,000 population: \$8–\$10/capita • 101,000–500,000 population: \$6–\$8/capita • > 501,000 population: \$4–\$6/capita Subset of global per capita funding for school programs: <ul style="list-style-type: none"> • \$4 to \$6 per student regardless of student population size. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
1.2 Extent MSA funds are appropriated for the purpose of tobacco control activities. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
1.3 Extent local Prop.10 funds are appropriated for cessation, and secondhand smoke education targeting pregnant women and families with young children. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>

* D/K = Don't Know

COMMUNITY ASSETS WORKSHEET (Continued)

Community Asset	None	Poor	Fair	Good	Excellent	D/K*
2.1 Extent of TCS-funded projects in the health jurisdiction that provide tobacco control advocacy training for youth and adults to develop community leaders. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
2.2 Extent of satisfaction with program planning, involvement of the community, implementation, quality of services, and progress made by coalition members. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
2.3 Extent of support by local key opinion leaders for tobacco related community norm change strategies. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
2.4 Extent of community activism among youth to support tobacco control. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
2.5 Extent of community activism among adults to support tobacco control. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>

* D/K = Don't Know

COMMUNITY ASSETS WORKSHEET (Continued)

Community Asset	None	Poor	Fair	Good	Excellent	D/K*
2.6 Extent of participation of non-traditional partners in tobacco control coalitions. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
3.1 Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
3.2 Extent to which the LLA and other TCS-funded projects in the health jurisdiction include specific objectives in their workplans/scopes of work to address cultural or ethnic/minority communities or populations in relation to the demographics of the community. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
3.3 Extent that the LLA tobacco control coalition by-laws and coalition member mission statements promote cultural diversity and competence. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>

* D/K = Don't Know

COMMUNITY ASSETS WORKSHEET (Continued)

Community Asset	None	Poor	Fair	Good	Excellent	D/K*
3.4 Extent that educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect the cultures, ethnic backgrounds, and languages of the communities served in relation to the demographics of the community. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>
3.5 Extent that bilingual staff, subcontractors, and consultants are part of the LLA and TCS-funded projects in proportion to the demographics of the health jurisdiction. <i>Comment:</i>	1	2	3	4	5	<input type="checkbox"/>

*D/K = Don't Know

COMMUNITY ASSETS WORKSHEET (Continued)

Attach data source and assessment documents for documentation and planning purposes.
Please maintain these materials at your office and do not submit to the Tobacco Control Section.

ASSET NUMBER	DATA SOURCE	DATE

Name of person(s) or group completing the Community Asset Worksheet and Assessment:

- 1.
- 2.
- 3.

COMMUNITY ASSETS WORKSHEET RATING GUIDE

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Tobacco Control Funding Assets					
<p>1.1 Global per capita appropriation for tobacco control activities, from various sources, is consistent with the recommendations of the National Association of County and City Health Officials (NACCHO):</p> <ul style="list-style-type: none"> * < 100,000 population: \$8–\$10/capita * 101,000–500,000 population: \$6–\$8/capita * > 501,000 population: \$4–\$6/capita <p>Subset of global per capita funding for school programs:</p> <ul style="list-style-type: none"> * \$4 to \$6 per student regardless of student population size. 	No local funding, including Prop. 99, appropriated for tobacco control activities.	Per capita appropriation for tobacco control to the health department, school programs and enforcement activities from various sources (e.g., Prop. 99, Prop. 10, MSA, Mangini, local funds) is < 50% of the lower estimate recommended by NACCHO for the population, and < 50% of the lower estimate recommended by NACCHO for the student population.	Per capita appropriation for tobacco control to the health department, school programs and enforcement activities from various sources (e.g., Prop. 99, Prop. 10, MSA, Mangini, local funds) is at least 50% of the lower estimate recommended by NACCHO for the population, and student per capita funding is at least 50% of the lower estimate recommended by NACCHO for the student population.	Per capita appropriation for tobacco control to the health department, school programs and enforcement activities from various sources (e.g., Prop. 99, Prop. 10, MSA, Mangini, and local funds) is within the range recommended by NACCHO for the population, and student per capita funding is the range recommended by NACCHO for the student population.	Per capita appropriation for tobacco control to the health department, school programs and enforcement activities from various sources (e.g., Prop. 99, Prop. 10, MSA, Mangini, and local funds) is greater than the top range recommended by NACCHO for the population, and student per capita funding is above the top range recommended by NACCHO for the student population.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
1.2 Extent MSA funds are appropriated for the purpose of tobacco control activities.	No city or county MSA funds are appropriated for the purpose of tobacco control activities.	An appropriation that is less than < 50% of the health department's current Prop. 99 Health Education Account (HEA) allocation is appropriated for tobacco control activities.	An appropriation that is at least 50% of the health department's Prop. 99 HEA Account allocation is appropriated for tobacco control activities.	An appropriation that is greater than 50% but less than 100% of the health department's Prop. 99 HEA allocation is appropriated for tobacco control activities.	An appropriation that is equal to or greater than the health department's Prop. 99 HEA allocation is appropriated for tobacco control activities.
1.3 Extent local Prop. 10 funds are appropriated for cessation, and secondhand smoke education targeting pregnant women and families with young children.	The local Prop. 10 Commission Plan does not address cessation and secondhand smoke education targeting pregnant women and families with young children.	The local Prop. 10 Commission Plan includes goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children but no specific programs or activities are identified.	The local Prop. 10 Commission Plan includes goals and objectives addressing cessation and secondhand smoke services education targeting pregnant women and families with young children. <1% of the health jurisdiction's Prop. 10 allocation is for these activities.	The local Prop. 10 Commission Plan includes goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children and appropriates 1% of the health jurisdiction's Prop. 10 allocation for these activities.	The local Prop. 10 Commission Plan includes goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children and appropriates >1% of the health jurisdiction's Prop. 10 allocation for these activities.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Social Capital Assets					
2.1 Extent TCS-funded projects in the health jurisdiction provide tobacco control advocacy training for youth and adults to develop community leaders.	TCS-funded projects provided no youth or adult advocacy training in the past 12 months within the health jurisdiction.	TCS-funded projects provided at least one tobacco control advocacy training for either youth or adults in the past 12 months within the health jurisdiction.	TCS-funded projects provided at least one tobacco control advocacy training each for adults and youth in the past 12 months within the health jurisdiction.	TCS-funded projects provided at least two tobacco control advocacy trainings each for adults and youth in the past 12 months within the health jurisdiction.	TCS-funded projects provided three or more tobacco control advocacy trainings each for adults and youth in the past 12 months within the health jurisdiction.
2.2 Extent of coalition satisfaction with program planning, involvement of the community, implementation, quality of services and progress made by the coalition .	On the most recent coalition satisfaction survey, no to very low satisfaction was expressed by coalition members on three or more of the following measures: program planning, involvement of the community, implementation of activities, quality of services and progress made.	On the most recent coalition satisfaction survey, coalition members expressed fairly low satisfaction on two of the following measures, but others were rated somewhat satisfied to very satisfied. The measures are program planning, involvement of the community, the community, implementation of activities, quality of services and progress made.	On the most recent coalition satisfaction survey, coalition members expressed they were somewhat satisfied with regard to program planning, involvement of the community, implementation of activities, quality of services and progress made.	On the most recent coalition satisfaction survey, coalition members expressed high satisfaction with regard to program planning, involvement of the community, the community, implementation of activities, quality of services and progress made.	On the most recent coalition satisfaction survey, coalition members expressed high satisfaction with regard to program planning, involvement of the community, the community, implementation of activities, quality of services and progress made.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
2.3 Extent of support by local key opinion leaders for tobacco-related community norm change strategies.	No support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Statements are made by policy makers to return Prop. 99 funding. There's opposition to placing tobacco control experts on the Prop. 10 commission. No support for use of MSA funds for tobacco control.	Minimal support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Support is generally tied to youth-only initiatives. Little support for tobacco control experts on the Prop. 10 Commission. Little support for use of MSA funds for tobacco control.	Some support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Support is generally tied to youth-only initiatives. Some support for tobacco control experts on the Prop. 10 Commission. Some support for use of MSA funds for tobacco control.	Consistent support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. There is support for initiatives that go beyond a youth focus. Strong support for tobacco control experts on the Prop. 10 Commission. Some support for use of MSA funds for tobacco control.	Consistent and progressive support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Local key opinion leaders initiate community norm change strategies. Strong and active support for tobacco control experts on the Prop. 10 Commission. Strong and active support for use of MSA funds for tobacco control.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
2.4 Extent of community activism among youth to support tobacco control.	Non-paid youth never to rarely participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events.	Non-paid youth occasionally participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events.	Non-paid youth participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events, but only with constant urging.	Non-paid youth regularly participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events, with minimal urging.	Non-paid youth regularly participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events.
2.5 Extent of community activism among adults to support tobacco control.	Non-Prop 99 funded adults never to rarely participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events.	Non-Prop 99 funded adults occasionally participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events.	Non-Prop 99 funded adults participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events, but only with constant urging.	Non-Prop 99 funded adults regularly participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events, with minimal urging.	Non-Prop 99 funded adults regularly participate in activities, such as serving as media spokespersons, testifying at public hearings, writing letters, collecting local data and participating at media events.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
Cultural Diversity and Cultural Competency Assets					
2.6 Extent of participation of non-traditional partners in tobacco control coalitions.	Individuals with personal interest or people representing community organizations that differ from traditional health, education and social service agencies do not or rarely participate in the tobacco control coalition.	The coalition is dominated by participation from health, education and social service organizations. Non-traditional partners, such as law enforcement, media, business, housing authorities, child development or private citizens are listed on the coalition membership, attend meetings, share information, and occasionally participate in collaborative coalition activities.	Non-traditional partners, such as law enforcement, media, business, housing authorities, child development or private citizens are listed on the coalition membership, attend meetings, share information, and regularly participate in collaborative coalition activities.	Non-traditional partners, such as law enforcement, media, business, housing authorities, child development or private citizens are listed on the coalition membership, attend meetings, share information, and frequently participate in collaborative coalition activities, even those that don't directly benefit their group.	

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
3.1 Extent of participation by ethnically and culturally diverse groups on the tobacco control coalition in relation to their proportion in the community.	No participation by ethnically/culturally diverse groups on the local lead agency (LLA) tobacco control coalition.	Little participation by ethnically/culturally diverse groups on the LLA tobacco control coalition and no ethnic/cultural diversity represented among the Executive Committee or core leadership of the coalition.	Some participation by ethnically/culturally diverse groups on the LLA tobacco control coalition in general, one or two groups may be under-represented in relation to their proportion in the community and/or these groups are underrepresented among the Executive Committee or core leadership of the coalition.	Participation by ethnically/culturally diverse groups on the LLA tobacco control coalition in general is proportionate to the community and these groups are well represented among the Executive Committee or core leadership of the coalition.	Participation by ethnically/culturally diverse groups on the LLA tobacco control coalition in general is proportionate to the community and these groups are well represented among the Executive Committee or core leadership of the coalition.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
3.2 Extent to which the local lead agency (LLA) and other TCS-funded projects in the health jurisdiction include specific objectives in their work-plans/scopes of work to address cultural or ethnic/minority communities or populations in relation to the demographics of the community and the tobacco use risk of various populations.	The LLA tobacco control plan and other TCS-funded agencies in the health jurisdiction fail to identify objectives in their workplans to address specific cultural or ethnic/minority community needs in relation to the demographics of the community and the tobacco use risk of various populations.	The LLA tobacco control plan and other TCS-funded agencies in the health jurisdiction minimally include objectives in their workplans to address specific cultural or ethnic/minority community needs in relation to the demographics of the community and the tobacco use risk of various populations.	The LLA tobacco control plan and other TCS-funded agencies in the health jurisdiction include objectives in their workplans to address specific cultural or ethnic/minority community needs in relation to the demographics of the community and the tobacco use risk of various populations but major gaps are identified in serving the community's demographic, tobacco use risk, cultural and language needs.	The LLA tobacco control plan and other TCS-funded agencies in the health jurisdiction include objectives in their workplans to address specific cultural or ethnic/minority community needs in relation to the demographics of the community and the tobacco use risk of various populations. Overall, the gaps in serving the community's demographic, tobacco use risk, cultural and language needs are minimal.	The LLA tobacco control plan and other TCS-funded agencies in the health jurisdiction include objectives in their workplans to address specific cultural or ethnic/minority community needs in relation to the demographics of the community and the tobacco use risk of various populations. Overall, services are highly reflective of the community's demographic, tobacco use risk, cultural and language needs.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
3.3 Extent that the LLA tobacco control coalition by-laws (or operating principles) and coalition member agency mission statements promote cultural diversity and competence.	LLA coalition by-laws (or operating principles) and coalition member agency mission statements do not promote cultural diversity and competence.	LLA coalition by-laws (or operating principles) include statements that promote cultural diversity and competence. Coalition member agencies do not include such statements in their agency mission statements.	LLA coalition by-laws (or operating principles) and a few (3 or fewer) coalition member agency mission statements include specific statements to promote cultural diversity and competence.	LLA coalition by-laws (or operating principles) and some (4 or more) coalition member agency mission statements include specific statements to promote cultural diversity and competence.	LLA coalition by-laws (or operating principles) and all coalition member agency mission statements include specific statements to promote cultural diversity and competence.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
3.4 Extent that educational and media materials used by the local lead agency (LLA) and TCS-funded projects in the health jurisdiction reflect the cultures, ethnic backgrounds and languages of the communities served in relation to the demographics of the community and the tobacco use risk of various populations.	Educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction do not reflect the major cultural, ethnic or language needs of the populations in the community in relation to the demographics of the community and the tobacco use risk of various populations.	Educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect a few of the major cultural, ethnic or language needs of the populations in the community in relation to the demographics of the community and the tobacco use risk of various populations, but there are major gaps in terms of the populations and/or the breadth of subject matter.	Educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect several of the major cultural, ethnic or language needs of the community in relation to the demographics of the community and the tobacco use risk of various populations, but there are some gaps in terms of the populations and/or the breadth of subject matter.	Educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect all the major cultural, ethnic or language needs of the community in relation to the demographics of the community and the tobacco use risk of various populations, but there are a few gaps in terms of the populations, the breadth of the subject matter.	Educational and media materials used by the LLA and TCS-funded projects in the health jurisdiction reflect all the major cultural, ethnic or language needs of the community in relation to the demographics of the community and the tobacco use risk of various populations. No gaps in terms of the populations, languages or breadth of subject matter were identified.

COMMUNITY ASSETS WORKSHEET RATING GUIDE (Continued)

COMMUNITY ASSET	None 1	Poor 2	Fair 3	Good 4	Excellent 5
3.5 Extent that bilingual staff, subcontractors and consultants are part of the LLA and TCS-funded projects in proportion to the demographics of the local health jurisdiction and the tobacco use risk of various populations.	The local health jurisdiction demographics indicate that there are one or more non-English speaking populations, but no bilingual staff, subcontractors or consultants are found in the LLA or TCS-funded projects within the health jurisdiction to communicate with that non-English speaking group.	The local health jurisdiction demographics indicate that there are one or more non-English speaking populations. There are bilingual staff, subcontractors or consultants identified in the LLA or TCS-funded projects, but the positions are unfilled or inadequate to meet the needs identified.	The local health jurisdiction demographics indicate that there are one or more non-English speaking populations. There are bilingual staff, subcontractors or consultants identified in the LLA or TCS-funded projects to address Spanish language needs, but other important language needs are not addressed. Ability to address bilingual written needs may be weak.	The local health jurisdiction demographics indicate that there are one or more non-English speaking populations. There are bilingual staff, subcontractors or consultants identified in the LLA or TCS-funded projects to address verbal and written Spanish and dominant Asian language needs. Assistance with other languages such as Middle Eastern and Eastern European languages is obtained through other sources.	The local health jurisdiction demographics indicate that there are one or more non-English speaking populations. There are bilingual staff, subcontractors or consultants identified in the LLA or TCS-funded projects to all the major non-English speaking populations within the health jurisdiction. No major gaps were identified.



organizing

GETTING ORGANIZED TO GET IT DONE

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PRINCIPLES OF COMMUNITY PLANNING TIP SHEET

1. **Plan the process:** Determine who should be involved, the data needed, resistance you might encounter, the factors that will enhance the success of the planning process and a time frame for the process.
2. **Plan with people:** Involve both professionals and consumers in the planning process. Opening this process up to a broad range of people expands expertise, increases understanding of the problem, generates more ideas and creates a sense of ownership and commitment to the plan and its implementation.
3. **Plan with data:** Use data on the extent of the tobacco use problem, target groups, public perceptions about the problem and what should be done, and the resources available to address the problem (funds, skills and experience).
4. **Plan for permanence:** Planning is a time intensive task. To make the most of the effort, planners should think in terms of initiating efforts that will create lasting change.
5. **Plan for priorities:** Address the issues that have the highest need and the greatest opportunity to make an impact, while recognizing that “early” wins are necessary to maintain motivation and gain momentum.
6. **Plan for impact and outcomes:** Determine how the world will be changed as a result of your efforts. Look beyond process measures such as counting the number of people reached or the creation of an advertising campaign. Strive to identify changes that influence the environment, in which tobacco is used, sold and promoted or the systems that affect the access and delivery of cessation services.
7. **Plan for evaluation:** During the planning phase, determine the data needed to measure impact and outcomes, the methods to collect data, when to collect data, who will collect the data and how the data will be used to modify the program.

GATHERING DATA

Data Content Overview

CDHS/TCS has developed a state and county specific data and resource site called County and Statewide Archive of Tobacco Statistics (C-STATS) to assist LLAs in the CX assessment process. C-STATS is a public website containing information from a variety of tobacco control websites and documents synthesized to give you information specific to your county. Following are examples of the information you will find on the website, along with a description of additional resources that may be helpful in conducting your CX assessment.

- **Demographics**
Population (including age, gender and race distribution), three largest population centers in each county, educational level, language spoken in the home, income and poverty statistics.
- **Tobacco Use Prevalence**
Tobacco use prevalence for youth and adults by county, region and state.
- **Children and Youth**
Secondhand smoke exposure (including exposure in the WIC population), teen Helpline clients and statewide data on smoking during pregnancy.
- **Policy and Ordinance**
Major tobacco policies, including smoking restrictions, advertising restrictions, etc. by community.
- **Cessation**
Number of calls to the California Smokers' Helpline, demographics of callers, mode of referral, etc.
- **Public Attitudes, Awareness and Support**
Regional and local data collected via Field Research Corporation, the California Tobacco Survey (CTS) and the California Student Tobacco Survey (CSTS) with information including policy support, knowledge of health effects, etc.
- **Fact Sheets**
Youth, young-adult and adult prevalence, cessation, consumption, media, smoking during pregnancy and much more.
- **Tobacco Related Health and Economics**
County-specific morbidity and mortality data and the resulting economic impact as reported in the Cost of Smoking in California, 1999.

Additional and updated data will be included on C-STATS on an ongoing basis.

While C-STATS contains a wide variety of the information you will use during the CX assessment process, additional information that may also be helpful is detailed further in this section.

GATHERING DATA (Continued)

ALTERNATIVE DATA SOURCES

Publications and Reports

- Final Report - The California Tobacco Control Program: A Decade of Progress Results From the California Tobacco Survey 1990-1999.
Available at: <http://www.dhs.ca.gov/tobacco/documents/GTS99FinalReport.pdf>
- Stan Glantz reports-UCSF School of Medicine. Available at: <http://www.som.ucsf.edu/som>
- Current tobacco industry sponsorship of events in California and other information can be found on the password-protected, PARTNERS Project Smart Money web page at [www.tcspartners.org/Main/WebSite/PS\\$main.htm](http://www.tcspartners.org/Main/WebSite/PS$main.htm)
- Statewide Youth Purchase Survey 1994 – 2003 and other information from the password-protected STORE Campaign website at www.tecc.org/store/stages/1_document/t_illegalsales.ppt
- CODE – (link to Report to be put on PARTNERS)

The following three reports will be available on the evaluation page of the TCS Website (www.dhs.ca.gov/tobacco/html/evaluation.htm) in early 2004:

- Tobacco and Cancer in California – Describes the burden of tobacco-related cancers statewide and in 12 regions across the state.
- 2001 CSTS Report – Describes youth tobacco-related attitudes, health beliefs and behaviors in 2001.
- 2002 CTS Report – Describes adult tobacco-related attitudes, health beliefs and behaviors from 1990 to 2002.

Other Data

- Thumbs Up! Thumbs Down! at <http://www.saclung.org/>
- TCS Fact Sheets at <http://www.dhs.ca.gov/tobacco/html/factsheets.htm>
- Healthy Kids Survey by county and school district at http://www.wested.org/pub/docs/chks_home.html
Please be aware that there is a charge to receive the report or data set. TCS suggests you work through your local school districts or County Office of Education as they already have copies of the reports.

Allocation Data

- Proposition 99 - Health Allocations at the C-STATS Website
- Proposition 99 - School Allocations at the C-STATS Website
- MSA Allocations at the American Lung Association of California Website

GATHERING DATA (Continued)

Surveys

When performing needs assessments or conducting surveys, it is important to remember to use data collected or tools used and validated by the LLA. Examples of these may be:

- Healthy Kids Survey (conducted by local school districts) <http://www.wested.org/hd/css/>
- Local youth tobacco purchase surveys
- Key Opinion Leader surveys
- Public opinion polls
- Local Operation Storefront or other advertising surveys
- Local social source survey results
- College Campus Needs Assessment surveys
- Regional and LLA Coalition survey results

Databases

- TECC Project Directory - review work plans of TCS funded projects <http://webtecc.etr.org/projects/> (password protected)
- OTIS — <http://catob.esp.fsu.edu/> (password protected)
- CODE — <http://webtecc.etr.org/code/> - (password protected)
- C-STATS – <http://cstats.info> – (public)
- Local Program Evaluation Database (information available from TCS by request)

In addition to the data available from the aforementioned sources, individual LLAs collect information about their local communities, as some types of data are only available or best obtained at the local level. Also, check with the competitive grantees in your area for local surveys of tobacco advertising, tobacco sponsorship, youth tobacco surveys, workplace and bar compliance surveys, key opinion leader surveys, public intercept surveys and focus group findings.

GATHERING DATA (Continued)

TYPES OF DATA

In collecting and reviewing data for the Communities of Excellence assessment process, it is helpful to distinguish between different types of data to be used.

Quantitative Data

Quantitative data are specific numbers that are systematically derived through some method of counting (e.g., public surveys, motor vehicle records, laboratory test results, etc). When quantitative data are available to inform decision making, the results are often more reliable and precise.

Examples:

- State survey and surveillance data (e.g. Behavioral Risk Factor Surveillance System [BRFSS], California Tobacco Survey [CTS], California Student Tobacco Survey [CSTS]).
- Ordinance and Policy Tallies (e.g., the number of clean indoor air ordinances in a state, proportion of successful tobacco purchases by minors, number of tobacco free schools, etc.)

Issues in Using Quantitative Data for Community Assessments

- Existing data may not include local community information, but only state or regional data. C-STATS and other resources contain current data that is as specific as possible to your communities. However, some types of data are either available only at the state level or may appear outdated because they are collected only at certain intervals.
- Quantitative data, while providing important information, may not be directly useful for identifying gaps or needs within a community. For certain indicators, you may not find data and will have to rely on the group to make a decision.
- Collecting new data can be an expensive and time consuming process. You are encouraged to collect additional data at the local level but gather only data that will provide meaningful and useful information.

Qualitative Data

Qualitative data are more subjective types of information gleaned through methods that rely on summarizing a wide variety of ideas and opinions in a less precise manner than do quantitative methods. Qualitative data can be very useful for getting quick reactions to ideas and concepts or to get a feel for what people think about certain issues.

Examples:

- Open ended questions or surveys
- Focus groups
- Central location intercept interviews
- Expert opinion studies

Issues in Using Qualitative Data for Community Assessments

- Qualitative methods provide insights into issues or populations - not definitive numbers or answers to specific questions.
- Qualitative methods typically rely on fewer individuals who are not usually selected randomly for obtaining information. Thus they are not representative of the population as a whole or even of particular population groups.

GATHERING DATA (Continued)

SELECTING RELEVANT DATA

- The data resources indicated earlier, including C-STATS, provide LLAs with current county/region specific information. However, do not rely on this information alone to complete the assessment. Some types of data are best collected and gathered at the local level.
- Plan with data and be sure to use the most current and appropriate information and data available to your community.
- Only gather data that will assist you in making decisions. Often data are gathered that is irrelevant to the decisions that need to be made.
- Avoid “Analysis Paralysis.” It is very likely that you will not have all the data you might want to assess every indicator. For some indicators, it is especially important that the group work together to arrive at a collective decision and rating.
- Remember that going through the process of assessing the community as a group is an important activity that can greatly increase member interest and commitment.

STEPS TO GET YOU STARTED

Steps to Get You Started

Tobacco control is a team effort. A wide variety of skills, ideas and resources are needed for successful tobacco control planning and interventions. Communities of Excellence (CX) in Tobacco Control is designed to involve your local Tobacco Control Coalition and others in the planning process. While the Local Lead Agency (LLA) has the primary role, the efforts of diverse partners, such as coalition members, competitive grantees, representatives of Ethnic Networks, and non-traditional partners, will help make your planning processes, and ultimately, your comprehensive tobacco control plan, accurately reflect the needs of your community. Together, your partners will work in small groups to rate the 16 indicators and 14 assets, prioritize which indicators and assets will form the basis for objectives, and set broad goals. The actual work of writing the objectives and the Plan rests with the LLA.

Engaging a diverse group of people in the CX needs assessment process requires good organization and a plan that describes the major tasks, who is responsible, and timelines. Creating such a plan will help you remain on task, communicate expectations about responsibilities, and allows everyone to schedule their time in advance to ensure that they are available when needed.

Steps to Help You Get It Done – A Sample Task Plan can help you get started with “planning the planning process”. It identifies major tasks, suggests roles for various partners, and provides suggested timelines. Each LLA may do things a little differently, so feel free to tailor the task plan to your program’s needs.

STEPS TO HELP YOU GET IT DONE – SAMPLE TASK PLAN

Task	Who Responsible	Due Date	Comments	Date Completed
1. Attend CX Training	PC, LPE, 1 Coalition Member	10/28/03-10/29/03		10/28 & 29/03
2. Review prior 01/04 Plan and plan development process, what worked well, what needs improvement	PD, PC, HE, FC	11/6/03		
3. Read and review the CX Planning Guide	PD, PC, LPE	11/6/03		
4. Educate the coalition about CX	PC	11/13/03		
5. Identify at least 3 additional indicators to assess	PC, LPE, Coalition	11/13/03		
6. Discuss who should be involved in rating the indicators and assets and establish 5 coalition subcommittees based on the 4 priority areas & assets	PC	11/13/03		
7. Create a file for each indicator and asset	HE	11/13/03		
8. Schedule meetings & rooms for subcommittees to assess indicators & assets	HE	11/17/03		
9. Identify and organize existing data by relevance to the 16 indicators and 14 assets	HE	11/03-12/03		
10. Identify resource people and telephone numbers of individuals who might be asked for additional information	HE, Coalition members	11/03-12/03		

STEPS TO HELP YOU GET IT DONE – SAMPLE TASK PLAN (Continued)

Task	Who Responsible	Due Date	Comments	Date Completed
11. Solicit information on local tobacco control efforts & results of grantees, ethnic networks and other grantees working in the LHJ including populations served, scope of work objectives, agency mission statements, by-laws, local project data	PC	11/03-12/03		
12. Assemble data packets with data, lists of resources & information from grantees	LPE, HE	12/29/03-1/9/04		
13. Finalize staff & coalition members assigned to the 5 assessment sub-committees and confirm their participation	PD, PC, LPE	1/9/03		
14. Attend LLA Guideline Meetings in Sacramento	PD, PC, LPE, FC	1/14/04 – 1/15/04		
15. Provide training on completion of indicator & assets needs assessment forms to subcommittees	PC	1/22/04		
16. Complete indicator & assets needs assessment worksheets	PC, LPE, HE, Coalition members	1/22/04		
17. Transfer key findings to flip chart paper	HE, Coalition members	1/29/04		
18. Prioritize indicators & assets. Select those that will be developed into objectives & the focus/goal to be accomplished	PC, Coalition members	1/29/04		

STEPS TO HELP YOU GET IT DONE – SAMPLE TASK PLAN (Continued)

Task	Who Responsible	Due Date	Comments	Date Completed
19. Draft objectives	LPE, PD, PC, HE	2/5/04-2/12/04		
20. Share draft objectives with coalition & obtain ideas for major strategies to accomplish objectives	PD	2/19/04		
21. Assign objectives to staff to take lead to draft program activities, timelines, who's responsible, tracking measures	PD	2/20/04		
22. Assign evaluation plan development for each objective	PD	2/20/04		
23. Assign responsibility for completion of other portions of the Plan, e.g., coalition information, narrative, budget, etc	PD	2/20/04		
24. Complete first draft of Plan	PD, PC, LPE, HE, FC	3/4/04		
25. Attend LLA Plan TA sessions	PC, LPE, FC	3/04		
26. Re-group with staff following TA meetings to consider changes to objectives, strategies and evaluation design	PD, PC, HE, LPE	3/12/04		
27. Participate in OTIS teleconference training	PD, PC, LPE, HE	3/04		
28. Assign responsibilities for completion of various OTIS forms	PD	3/16/04		

STEPS TO HELP YOU GET IT DONE – SAMPLE TASK PLAN (Continued)

Task	Who Responsible	Due Date	Comments	Date Completed
29. Revise first draft	PD, PC, LPE, HE, FC	3/12/04-3/26/04		
30. Review second draft	PD, PC, LPE, HE, FC	3/29/03-4/1/04		
31. Make corrections to second draft	PD, PC, LPE, HE, FC	4/2/04-4/8/04		
32. Review second draft and make any additional edits	PD, LPE, FC	4/9/03-4/12/03		
33. Provide final hard copy draft of Plan to Manager for review & approval	PD, PC, LPE, FC	4/13/04		
34. Make any final edits to final draft	PC, LPE, FC	4/20/04		
35. Submit Plan to TCS	PD	4/23/04		
36. Make modifications to Plan based on TCS review	PD, PC, LPE, HE, FC	5/28/04-6/14/04		
37. Re-submit Plan to TCS	PD	6/15/04-7/31/04		
38. Share TCS approved SOW & Budget with Coalition	PC	August 04		
Key PD = Project Director PC = Project Coordinator HE= Health Educator LPE = Local Program Evaluator FC = Fiscal Contact LHJ = Local Health Jurisdiction TA = Technical Assistance				



priorities

SETTING PRIORITIES AND IDENTIFYING RESOURCES

PRIORITY SETTING

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IDENTIFYING COMMUNITY RESOURCES

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PRIORITY SETTING INTRODUCTION

Once the coalition completes the rating of the indicators and assets, there needs to be a process to rank the findings and determine which of the indicators or assets will be turned into objectives for the 2004-2007 Comprehensive Tobacco Control Plan. The objectives are what drive the Plan in terms of the program, media and evaluation activities to be undertaken. The objectives communicate how the community will be different as a result of your Program's efforts. By stating in your objectives the amount of change or the minimum level of achievement expected as a result of your Program's efforts, you are able to communicate to others where you are now and how they will recognize that a benefit or change occurred. The number of objectives that you put into your Plan depends on the complexity of the issue, the community's readiness, the human resources available to tackle the activities (staff and level of coalition member involvement), and the budget you have to finance various program, media and evaluation activities. Typically, Plans submitted to the Tobacco Control Section contain five to ten objectives.

Prioritizing the 30 rated indicators and assets involves narrowing the list down to those things that are most important to accomplish in the next three years. The Tobacco Control Section recommends that the coalition help identify the priorities and the primary focus of the objectives (e.g., voluntary policy, legislated policy, enforcement/compliance, etc.) Program staff and the local program evaluator should take responsibility for writing the objectives and ensuring that the objectives clearly communicate where you started from, where you are going, when you plan to arrive and how you will know you have arrived.

PRIORITY SETTING CRITERIA

When conducting priority setting activities, applying the below criteria can assist you in making decisions and determining the relative value of each indicator and asset. The Priority Setting Model on the following pages utilizes these criteria as one step to establishing program priorities.

- 1. Coalition Enthusiasm:** The issue would be fun, enjoyable and exciting to address.
- 2. Cost Benefit:** Working on the issue will result in an outcome that is greater than the human and financial resources needed to achieve the change, e.g., an assessment of how much bang for the buck you will receive.
- 3. Effective:** There is research or evaluation data that indicates addressing the issue is effective at achieving the desired outcome, e.g., improved compliance.
- 4. High Need:** The overall CX rating indicates a “none”, “poor” or “fair” rating or there is an under-served population or geographic area that has a high need related to the indicator or asset.
- 5. Long-Term:** Addressing the issue will result in a change that is sustained and becomes a part of the fabric of the community.
- 6. Meaningful:** Addressing the issue will make a real difference in terms of the problem addressed.
- 7. Political Will:** There is political will within the community to address the issue.
- 8. Practical:** The group has the expertise, time and resources to address the issue.
- 9. Public Support:** Support by the public and/or community leaders for the issue is fair to excellent.
- 10. Reach:** A large segment of the community will be reached or impacted.
- 11. Stretch:** The issue reflects new ground for the group and may involve tapping into new skills that involve building the capacity of the group.
- 12. Winnable:** It is likely that the group will succeed in achieving the action.

PRIORITY SETTING MODEL

Following is a suggested strategy for involving your coalition in priority setting and identifying the focus of objectives. Feel free to use this strategy, modify it or develop another method entirely.

Step 1:

Prior to the priority setting session with your coalition, using several flip chart sheets, create an Indicator and Asset Priority Setting Chart with 5 columns that includes the information listed below (see example). Transfer information from the Indicator and Asset Rating Worksheets to complete columns 1, 2, 3, and 5 (column 4 will be completed during the priority setting session).

- **Column 1: Indicator/Asset** - List each indicator or asset.
- **Column 2: Overall Rating** - Identify the overall rating given to the indicator or asset.
- **Column 3: Key Findings/Special Needs** - State a few key findings that justify or support the overall rating given and any population groups or geographical areas of the local health jurisdiction that have special needs.
- **Column 4: Criteria Rating** - Identify how responsive the indicator or asset is to the prioritization criteria (see Step 2 for more information).
- **Column 5: Overall Goal** - State the outcome or goal the group feels should be addressed if the indicator or asset is selected to be turned into an objective. Indicators will typically have an outcome that falls into one of the following: voluntary policy, legislated policy, enforcement/compliance, or behavior change. Assets may have outcomes that address attitudes, beliefs or process measures such as training or amount of participation in local advocacy activities.

Sample Indicator and Asset Priority Setting Chart

Indicator/Asset	Overall Rating	Key Findings/ Special Needs	Criteria Rating	Overall Goal

Step 2:

At the priority setting session with your coalition, identify 3 - 5 priority setting criteria that you will use to consider, judge and prioritize the 16 indicators and 14 assets that were rated by the coalition members. You may select from the suggested criteria on page 79 (Priority Setting Criteria) or come up with your own criteria. Frequently, groups will go through a facilitated process to identify the criteria. Coalition members will brainstorm criteria and through a facilitated discussion group, collapse and delete criteria to come up with those that are the most important for the group. This is a consensus process. Not everyone may agree with all the criteria, but there is general acceptance of the criteria selected.

PRIORITY SETTING MODEL (Continued)**Step 3:**

Write the selected criteria on flip chart paper for everyone to see. Divide the coalition into subgroups (e.g., Secondhand Smoke, Countering Pro-tobacco Influences, Availability of Tobacco, Cessation and Assets). Assign the indicators and assets to the subgroups that relate to their priority area. Keeping the 3 –5 selected criteria in mind, the subgroups assign a value to each indicator or asset using a scale of 0 – 5 (0 being not responsive and 5 being highly responsive to the criteria collectively). Have each subgroup record their results on the Indicator and Asset Priority Setting Chart (from Step 1).

Step 4:

Once the Chart is completed, each coalition member is given dot stickers and asked to vote for their top priorities based on their individual impressions of the information on the Chart. Each member physically places their dots next to their choices. To determine the number of dots per group member, use the 1/4 rule. So if 30 indicators and assets were rated and are being considered, give each member 7 – 8 dots. State the rules for applying the stickers, e.g., stickers may not be torn in half and only one sticker per indicator or asset.

Step 5:

Based on the prioritization process, identify the indicators and assets that will be turned into objectives and get some group consensus as to whether the focus is on voluntary policy, legislated policy, enforcement/compliance etc. This step could be done through an email process with staff making recommendations and soliciting feedback from coalition members.

Step 6:

Summarize the results and communicate them to all the coalition members so that everyone knows the final recommendations.

SWOT ANALYSIS (Strengths, Weaknesses, Opportunities and Threats)

The purpose of conducting a SWOT Analysis is to assist your group in analyzing the strengths and weaknesses of the community indicators and assets.

Instructions:

With the community assessment information you have gathered, use the following questions to structure a SWOT discussion. Record the main findings on flip chart paper for the coalition and LLA staff to view. Use a dialogue process to help determine which community indicators and assets should be included in your 2004-07 Local Lead Agency Comprehensive Tobacco Control Plan.

1. What are the greatest strengths in our community that will support work on this community indicator or asset?
2. What are the weaknesses or barriers in your community that might hinder work on this community indicator or asset?
3. What previous successes have we had in our community that are relevant to this community indicator or asset? What did we learn from those successes?
4. What previous failures have we had in our community that are relevant to this community indicator or asset? What did we learn from those failures?
5. What current opportunities might be available to the community that could aid our work on this community indicator or asset?
6. What potential future opportunities might be available to the community that could aid our work on this community indicator or asset?
7. What threats might the community experience during the planning and implementation of work on this community indicator or asset?

IDENTIFYING AND INVOLVING NEW PARTNERS

BENEFITS OF INVOLVING NEW PARTNERS

As you select the community indicators and assets for inclusion in your 2004-07 Comprehensive Tobacco Control Plan, it is helpful to recognize the value of involving new partners in both program planning and implementation. In order to ensure optimal community participation and buy-in for your tobacco control work, coalitions and LLA staff should examine who are the groups impacted by this work and invite them to the table. The benefits can be exponential, helping you to:

- Build new and maintain existing partnerships
- Extend community outreach beyond your current scope
- Increase your ability to identify and tackle difficult or controversial issues
- Strengthen your communication range, framing issues in a variety of ways
- Expand your access to valuable skills and resources
- Connect tobacco control issues with other community priorities

ENGAGING NEW PARTNERS

There are some initial planning steps that can maximize your efforts to recruit new partners. Begin by determining:

1. Who are the groups potentially impacted by the tobacco control work proposed.
2. What kind and how many new partners are needed.
3. How to identify, locate and enlist new partners.
4. What are possible barriers that may be encountered in the recruitment process.
5. How these barriers can be overcome.

Once you have examined and addressed these steps, consider the following when communicating with new partners:

- How do their interests intersect with yours. Frame the issue so they see it as a good fit with their mission and goals.
- Try to identify someone who could help you establish a relationship with the new partner. Perhaps this person could make a phone call on your behalf, help set up or attend a meeting, write a letter of introduction, or just mention the issue to a key contact.
- Be sensitive to constraints on their time and resources. New partners may prefer to participate in time-limited projects rather than becoming long-term members of your Tobacco Control Coalition.
- Help them see what they could contribute to the effort. Be specific about where you need help and offer suggestions for activities they could undertake.
- Everyone needs to be appreciated for their good work, and this is especially true for partners who may be concerned about becoming too involved in tobacco issues. Provide lots of recognition for them and ensure that their experience with you is a positive one.

IDENTIFYING AND INVOLVING NEW PARTNERS (Continued)

AN EXAMPLE:

Based on an actual experience from the American Lung Association of San Diego and Imperial Counties.

Framing the Issue

Let's say you want your county to designate beaches as entirely or partially smoke-free. How could you frame the issue to broaden its appeal beyond the current membership of your tobacco control coalition? Here are some ideas:

- Cigarette butts are the #1 source of beach litter
- Smoldering cigarettes are a burn hazard for people who use the beach
- Cigarette butts in the water are hazardous to swimmers and marine animals
- Cigarette butts in the sand are hazardous to toddlers
- Many parents prefer that people not smoke around their children
- Secondhand smoke is annoying and hazardous to others who are nearby

Based on the above, a number of organizations might become interested in helping:

- Environmental groups such as the Sierra Club
- Anti-litter groups and county clean-up staff
- Lifeguards, firefighters and rescue personnel
- Water and beach conservation groups such as the Surfrider Foundation
- Watersports groups such as tri-athletes, endurance swimmers
- Running and walking groups that use the beach
- Family and youth groups who use the beach
- Organizations that protect marine animals

Opportunities for Involvement

What could the organization do to help? Here are just a few ideas.

- Help identify appropriate messages for its constituency
- Assist in documenting the problem (e.g. holding a beach clean up event and counting the number of cigarette butts collected).
- Participate in media advocacy efforts, including press conferences, letters to the editor, op/ed pieces.
- Introduce you to their contacts in county government.
- Help develop and review written materials.
- Distribute materials at organizational meetings, displays, exhibits.
- Place information in their newsletter and on their website.
- Help write a law regulating smoking on beaches.
- Testify before county elected officials.
- Write letters to elected officials and county administrators.
- Put their name on your materials.

IDENTIFYING AND INVOLVING NEW PARTNERS (Continued)**Showing Appreciation for the Partners**

Here are some ideas for letting the partners know their efforts are valued:

- Awards
- Visibility in earned and paid media
- Mentioning them in letters to the editor
- Writing thank you letters
- Putting their name on project materials
- Recognizing them in your newsletter
- Nominating them for awards
- Letting their national organization (if one exists) know of their activities

Reality Check

A number of years ago, the American Lung Association of San Diego and Imperial Counties collaborated on a small project with the Surfrider Association to discourage people from smoking on the beach. The Surfrider Association developed a great bumper sticker with the slogan, "Keep Your Butts Off the Beach" that they distributed to their membership and sold to the public.

STEPS TO COLLABORATION TIP SHEET

- Identify all the groups with a stake in the tobacco control issue. Identify individuals, agencies, and organizations with tobacco control, community organizing expertise, policy and media expertise; connections; credibility; and an understanding of the targeted groups.
- Find out as much as possible about those who are to become part of the formal collaboration network and their areas of expertise.
- Identify: the potential roles various groups may play in the collaborative effort (spokesperson, credibility with an important target group, etc.); what your agency can offer the collaborator (recognition, training, your help on their issue, etc.); what the potential collaborator wants from participation; and the expected time commitment.
- Meet with potential collaborators. Speak honestly. Clearly identify roles and expectations. Listen and be prepared to compromise.
- Ensure that the planning group is representative of the community's ethnic/racial diversity, geographic and population centers, and has the necessary areas of expertise and influence.
- Discourage advancing specific program proposals and solutions to problems until epidemiological data, needs assessments, and advantages and disadvantages of various approaches have been examined.
- Clarify goals, objectives, roles and strategies when creating the tobacco control plan.
- Use group consensus methods to make decisions rather than discussing issues and voting as some members may be too intimidated to share their views openly in the group and ultimately will not support a decision they do not feel a part of.
- Be accessible to the planning team.
- Give equally. Do not ask without giving in return.
- Frequently ask for feedback from all the partners on how the collaboration is going.
- Reward participants.
- Celebrate your successes!

NEW PARTNERS IN TOBACCO CONTROL

Instructions

This form can help you identify potential new or continuing partners for the community planning process and implementation of the 2004–07 Comprehensive Tobacco Control Plan. Use the key at the bottom to complete the boxes under the New Partners columns.

	NEW PARTNERS IN TOBACCO CONTROL											
INDICATOR OR ASSET	Business Groups	City and County Staff	Current or Former Smokers	Alcohol and Drug Prevention Orgs.	Priority Population Groups	Labor or Employee Unions	Law Enforcement Agencies	Media	Neighborhood Association	Schools and Colleges	Youth Advocacy Orgs.	Other (e.g. Prop. 10)

Other groups to consider: environmental groups, youth-led groups, recreation and sport groups, elected officials, etc.

x = Current involvement with partner on this indicator or asset

0 = Potential future involvement with partner on this indicator or asset

Blank = No current involvement and none intended in the future with this partner



building

BUILDING YOUR TOBACCO CONTROL PLAN

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LOCAL LEAD AGENCY GUIDELINES PREVIEW

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EVALUATION CENTER DESCRIPTION

LOCAL LEAD AGENCY GUIDELINES PREVIEW

Comprehensive Tobacco Control Guidelines

The 2004-2007 Local Lead Agency Comprehensive Tobacco Control Plan Guidelines (Guidelines) will be released by the Tobacco Control Section (TCS) in January 2004. The new plan and budget will cover the period July 1, 2004 through June 30, 2007. An information meeting to review the Guidelines, answer questions and provide technical assistance on content areas will be conducted on January 14 and 15, 2004 in Sacramento. Local Lead Agencies are encouraged to bring their Local Program Evaluator, Day-to-Day Fiscal staff, and program staff to the meeting. The due date for submitting the Comprehensive Tobacco Control Plan through the Online Tobacco Information System (OTIS) is **April 23, 2004**.

Evaluation Technical Assistance

Coinciding with the release of the Guidelines will be the release of the revised Local Program Evaluation Guide (Guide). The Guide will include sample objectives for the indicators and assets and sample evaluation designs for the core indicators. The provision of peer-to-peer evaluation technical assistance to Local Program Evaluators using Technical Assistance Consultants (TAC) is being revised to provide a more coordinated and proactive approach to the delivery of peer-to-peer local program related evaluation technical assistance. TCS is in the process of setting up a Center for Local Program Evaluation Technical Assistance through a single university. The Evaluation Center's goal is to provide training, feedback and oversight to the 61 LLAs on the evaluation plan portion of the Scope of Work. It is anticipated that the Interagency Agreement for the Center will be in place by January 2004 and that delivery of technical assistance services will begin in February or March 2004. The contract term for the Center will run through June 2007.

OTIS-Version 2

OTIS is in the process of being updated to be more streamlined and to improve its functionality. TCS met with several Local Lead Agencies in September 2003 and received suggestions for improving the system. Design changes are to be completed in November 2003 and development of the OTISv2 will begin in December 2003. Beta testing of OTIS by a few Local Lead Agencies will occur in early March 2004. Beta testing allows us to find as many of the problems with OTIS as possible prior to its formal launch to all LLAs.

A revised OTIS Instruction Manual will be released in March 2004. The majority of forms in OTIS will not be changed or will be slightly modified to reflect changes in the Program. However, the evaluation component of the scope of work is undergoing a major overhaul. In addition, an online peer review process is being added to the system. Furthermore, the display of Program Consultants' and Contract Managers' comments to agencies regarding plan revisions is also being improved.

You can also expect the look of OTIS to change dramatically. The new version of OTIS will provide a portal to other TCS websites, e.g., PARTNERS, TCS' website, and C-STATS (County and Statewide Archive of Tobacco Statistics), a new website that provides access to a wide variety of information, including evaluation resources for local projects, publications, and local information on a broad range of tobacco-related indicators. The electronic project directory, which has existed as a separate website maintained by the Tobacco Education Clearinghouse of California (TECC), will be folded into OTIS. No longer will projects have to enter data twice. All of the necessary information for the Project Directory will be pulled from OTIS and will be available as a searchable public website (i.e., contact information and a brief description of your project). A Local Program Evaluator Directory website has also been built and will be searchable from OTIS. Other changes include streamlining OTIS to serve as a one-stop-location to update contact information, adding a TCS contracts management component and a competitive grant component. In the future, if a Local Lead Agency has a competitive grant in addition to their Local Lead Agency contract, they will be able to access their competitive grant scope of work, budget, progress reports and invoices all from the same site.

LOCAL LEAD AGENCY GUIDELINES PREVIEW (Continued)

2004-2007 Local Lead Agency Comprehensive Tobacco Control Plan Components

1. **Contact Information:** Contact information for the Project Director, Primary Tobacco Control Contact, Fiscal Contact, Day to Day Fiscal Contact, Health Officer, Health Director, Official Agency Signatory, and Coalition Chair/Cochair will be collected. Contact information previously provided will carry forward and will need to be updated if there were changes.
2. **Evaluator Profile:** A Local Program Evaluator Directory website has been created. Local Program Evaluators will complete contact information and information about their training, qualifications and special areas of expertise. The Local Lead Agency will access a menu that allows them to identify and select their Local Program Evaluator from the website database or to communicate to their Local Program Evaluator to complete the information required for the Directory.
3. **Demographic Profile:** Information on the three largest population centers, ethnic/racial populations, and same sex household partners, from the 2000 U.S. Census will be downloaded into the database by TCS. Local Lead Agencies will not be able to edit this information.
4. **Media Profile:** Information about radio, television and print media outlets in the local health jurisdiction are to be provided. The name of the media outlet and the primary language of the media outlet are to be identified. Information previously provided in OTIS will carry forward but will need to be updated, if changes have occurred.
5. **Coalition Functioning:** For each coalition maintained by the Local Lead Agency, information about the name of the coalition, the year it was founded, bylaws, last revision date of the bylaws, mission statement, number of members, operating procedures, individual budget, meeting frequency, subcommittee structure, membership recruitment strategies, member orientation strategies, coalition satisfaction assessment information, and a description of the coalition's role will be collected. Information provided previously in OTIS will carry forward but will need to be updated, if changes have occurred.
6. **Coalition Membership:** Information on each coalition member will be collected which includes: 1) the name of the agency or group represented by the member; 2) their constituency representation (e.g., grantee, education, media, etc.); and 3) priority population representation, (e.g., ethnicity, low socio-economic status, LGBT (lesbian, gay, bisexual, transgender). TCS is currently looking at the feasibility of carrying forward information provided in the previous plan.
7. **Community Indicator Assessment Worksheet:** Information collected will be only for indicators that were assessed. Information will include: 1) the community area assessed; 2) the dates the assessment occurred; 3) the data collection timeframe; 4) the rating given to each of the nine attributes (public awareness, public support, media attention, education/awareness, media campaign, voluntary policy, legislated policy, active enforcement, and compliance) and comments supporting the rating; 5) special needs identified for ethnic or other priority population groups; 6) data sources used in the completion of the assessment; and 7) the names of those completing the assessment. Information provided in the prior plan will not carry forward.
8. **Community Asset Assessment Worksheet:** Information collected will include: 1) the community assessed; 2) the dates the assessment occurred; 3) the data collection timeframe; 4) the rating given to each of the fourteen community assets and comments supporting the rating, 5) data sources used in the completion of the assessment; and 6) the names of those completing the assessment. Information provided in the prior plan will not carry forward.

LOCAL LEAD AGENCY GUIDELINES PREVIEW (Continued)

9. **Intervention Activity Plan:** Improvements to the flow and function of the Intervention Activity Plan will be made. These include the layout of the form, development of a “hard coded” numbering scheme for objectives and activities, improvements to selecting “Who is Responsible” and generation of a scope of work report ordered by the timeline. The following information will be completed for each objective: 1) the priority area(s) addressed by the objective; 2) the indicators or assets addressed by the objective; 3) primary or non-primary objective designation; 4) audience groups to be reached by the intervention activities; 5) selection of major intervention strategies; 6) qualitative description of activities including timelines, who is responsible, tracking measures, copyright information and percent deliverable.
10. **Materials Development Form:** Information on the development of educational, media, promotional, and incentive materials will be collected. TCS is looking at replacing the current form with the Tobacco Educational Clearinghouse of California (TECC) Materials Intake Form to decrease duplicate data entry and improve tracking of materials developed by local projects and their submission to TECC.
11. **Narrative:** A narrative summary is to be provided for each objective. The narrative is to explain the need to address the objective (community assessment analysis), the activities that will be implemented to achieve the objective, the rationale as to why these activities are appropriate and will lead to the accomplishment of the objective (theory of change), and the evaluation design, which will measure the extent to which the outcome objective was achieved and any process evaluation measures.
12. **Evaluation Design:** Information about the design of the evaluation will be collected. Data collected will be dependent upon the type of outcomes expected, e.g., policy or behavior. Information about the outcomes anticipated, the type of study, number of intervention groups, number of control groups, sampling information, etc. will need to be collected.
13. **Evaluation Activity Plan:** This section will be structured to be similar to the Intervention Activity Plan. A description of the evaluation activity steps, timelines, who is responsible, tracking measures, copyright information and percent deliverable will be collected.
14. **Budget Page:** Fiscal information will be collected for the following line items: Personnel Costs, Fringe Benefits, Operating Expenses, Equipment Expenditures, Travel/Per Diem and Training, Subcontracts and Consultants, Other Costs and Indirect Expenses. The Travel/Per Diem and Training line item will include further breakouts for local project travel and training, non-required TCS travel and training, required TCS travel and training, and out-of-state travel and training. The “Other Costs” line item includes further breakouts for Educational Materials, Promotional Items, Incentives, Media, and Sponsorships. Additional line items can be entered.
15. **Budget Justification:** A short narrative justification is to be provided for each line item that qualitatively describes the budgeted item.
16. **Non-Proposition 99 Funding:** This form provides a brief description of additional funds the Local Lead Agency has available for tobacco control activities, such as American Legacy Foundation, Prop 10, MSA, etc.
17. **Administrative/Collaborative Activities:** This narrative form provides the opportunity for the Local Lead Agency to describe additional activities the agency is involved with, but do not directly relate to a specific objective. Activities may include participation in a TCS workgroup, joint school projects or collaboration with the American Cancer Society, procurement processes, subcontract monitoring, supervising staff, analyzing legislation, responding to constituency correspondence, maintenance of a lending library, etc.
18. **Project Abstract:** Just before the Plan is approved by TCS, Local Lead Agencies will be required to complete a brief project abstract that describes their overall intervention and populations served. This information will be searchable in the public electronic website accessible through the TCS website and the TECC website.

LOCAL LEAD AGENCY GUIDELINES PREVIEW (Continued)

Local Lead Agency Tobacco Control Program Principles of Program Operation and Framework for the Overall Comprehensive Tobacco Control Plan

The principles of operation for the Local Lead Agency and the overall framework for the Comprehensive Tobacco Control Plan are described below. These remain unchanged from previous years.

1. Create and maintain a diverse community coalition.
2. Recognize and plan for the diverse ethnic and cultural differences in each community.
3. Collaborate with diverse partners to bring more skills, ideas and resources to tobacco control.
4. Focus on community-norm change strategies as opposed to individual behavior change.
5. Build the capacity of local communities and agencies to address tobacco control activities.
6. Mobilize the community to support educational, policy and enforcement activities.
7. Strategically use paid media and public relations.
8. Institutionalize programs into existing social and health service delivery systems.
9. Coordinate local services and statewide initiatives between Proposition 99 funded agencies, government agencies, voluntary health organizations, schools, community-based organizations and others involved in tobacco control to maximize resources and avoid duplication.
10. Actively promote statewide toll-free numbers for the California Smokers' Helpline (1-800-NO-BUTTS) and the Stop Tobacco Access to Kids Enforcement Act (1-800-5ASK-4-ID).
11. Communicate with TECC to avoid duplication in the development of materials.
12. Build the Scope of Work around the CX Needs Assessment findings and the following four priority areas and community assets.
 - Counter Pro-tobacco Influences
 - Reduce Exposure to Secondhand Smoke
 - Reduce the Availability of Tobacco
 - Promote Tobacco Cessation Services (optional)
 - Assets (optional)
13. Develop and implement a comprehensive tobacco control plan that includes at least one objective for each of the three non-optional priority areas, of which two must reflect one of the 13 core CX indicators.
14. Conduct an evaluation of local program effectiveness for each objective:
 - Involve a qualified evaluator in the development of the Scope of Work
 - Use at least 10% of the budget for evaluation
 - Evaluate measurable outcomes
 - Conduct an in-depth evaluation for at least the three primary objectives, two of which are to be developed from the 13 core CX indicators.
15. Local Lead Agencies will be held accountable for fully completing the deliverables in their Scopes of Work. The percent of work values will be used at the end of the contract to determine overpayment for work if the deliverables are not completed.

Comprehensive Tobacco Control Plan Timelines

January 4, 2004	Local Lead Agency Comprehensive Tobacco Control Plan Guidelines Released
January 14-15, 2004	Guidelines Training
March 2004	In-person Technical Assistance Sessions
Week of March 15, 2004	OTIS telephone trainings with Florida State University
April 23, 2004	2004-2007 Comprehensive Tobacco Control Plans Due
July 1, 2004	Plan period begins.

EVALUATION CENTER DESCRIPTION

The goal of the center is to provide training, feedback and oversight to the 61 Local Lead Agencies (LLA's) on the evaluation plan portion of their Scope of Work with the California Department of Health Services, Tobacco Control Section (CDHS/TCS). The Evaluation Center will be operational starting January 2004 with the contract term running through June 2007.

Previously, CDHS/TCS contracted with 7 university-based researchers around the state, called Technical Assistant Consultants (TAC's), to provide oversight to the LLA's. Each TAC was assigned 8-9 LLA's and provided input into LLA evaluation plans and assisted in approving evaluation plans using OTIS. The TAC's provided feedback directly to the Local Program Evaluator (LPE) and to the LLA and worked in partnership with TCS program consultants.

The Evaluation Center will not only perform the tasks of the TAC's, as described above, but also provide ongoing proactive technical assistance to the LLA's that would include teleconferences, responding to calls from LLA evaluators, electronic dissemination of resources and collaborate with the CDHS/TCS clearinghouse. The resources provided by the Evaluation Center will be determined from a needs assessment conducted by the Evaluation Center. CDHS/TCS believes that the Evaluation Center will also be able to increase the ability to coordinate LLA evaluation plans that may provide more uniformity.

During the development stage of the LLA plans, the Evaluation Center will provide proactive assistance, by providing standardized instruments, discussing interventions and how they should be appropriately evaluated and be available for technical assistance.

CDHS/TCS believes that the Evaluation Center plan improves on the current system in several ways. The most important is to provide a centralized facility that would allow a more standardized and cogent face to the LLA's. The Evaluation Center addresses a number of problems identified by the LLA's, LPE's and CDHS/TCS staff in the CX Evaluation Report.



tools

TOOLS TO HELP YOUR COALITION UNDERSTAND CX

- 96* **COMMUNITIES OF EXCELLENCE OVERVIEW**
- 100* **PLANNING FOR THE FUTURE POWER POINT PRESENTATION**
- 112* **SAMPLE COALITION AGENDA**
- 113* **CX EXPRESS COALITION HANDOUT**

COMMUNITIES OF EXCELLENCE OVERVIEW

Background

Communities of Excellence (CX) in Tobacco Control is a community planning framework introduced to local health departments in California in October 2000. Development of the framework was led by the California Department of Health Services, Tobacco Control Section (CDHS/TCS) who relied upon the expert advice of a workgroup composed of local health departments, ethnic networks, regional community linkage projects, voluntary health groups, and universities. Other local, state, and national tobacco control experts were involved in rating the original 62 tobacco control indicators and 14 assets that form the foundation for the community needs assessment. Additionally, community needs assessment tools were pilot tested within rural, suburban, and urban settings prior to their use statewide.

CDHS/TCS first required the use of CX as part of the development of the three-year comprehensive tobacco control plan that local health departments were to submit to CDHS/TCS for the period July 1, 2001 through June 30, 2004. Development of those plans came on the heels of more than a decade of tobacco control work in California by local health departments, as well as the passage of the California Children and Families Act (Proposition 10) in 1999 and the Master Settlement Agreement (MSA) between the State Attorney General and U.S. tobacco companies in November 1998. Both of these events had the possibility of increasing fiscal and human resources available for tobacco control work locally, which made it strategically a good time to conduct the CX needs assessment. In 1999, Proposition 10 raised the tobacco tax in California by 50 cents and authorized use of a portion of the funds on tobacco control activities targeting families with young children while the MSA restricted tobacco advertising and marketing to youth and made payments to local governments for tobacco control or other efforts beginning in December 1999.

CX involves a systematic assessment of a community in relation to standardized indicators and assets that address tobacco control issues. At the heart of the CX concept is the idea that communities can achieve excellence in tobacco control by involving a motivated and diverse group of people to assess where they are in terms of tobacco control and where they need to go.

CX Goals

Specific goals of CX are to:

1. Broaden the membership and participation of the community in local tobacco control planning;
2. Implement a systematic framework for assessing community needs and assets;
3. Develop meaningful local tobacco control plans that emphasize community norm change strategies based on assessment findings; and
4. Strengthen the State's evaluation of local program efforts by standardizing local program evaluation, examining similar interventions, and analyzing factors that contribute to success.

COMMUNITIES OF EXCELLENCE OVERVIEW (Continued)

The CX Model

The CX model is not new. It is grounded in and reflects past successful tobacco control efforts in California. It builds upon and incorporates lessons learned from efforts to reduce exposure to secondhand smoke, activities to eliminate tobacco sales to minors, and the Operation Storefront and Project SMART Money campaigns. The CX model includes characteristics that are linked to these past successes:

- **Grassroots Involvement:** CX is about engaging your coalition to reflect where you have been and assesses where you need to go. After 14 years of this work, it is timely to assess what Proposition 99 has achieved locally. Past history demonstrates that involving the community is essential to achieving lasting community norm changes that are “owned” by the community.
- **Local Focus:** CX focuses at the community level. The California experience demonstrates that this is the most effective course of action. Significant and cutting edge State tobacco control policies typically occur in California after a groundswell of support is demonstrated by the enactment of local policies. Your local successes chart the future course for the State.
- **Collects Data Systematically and Uses Local Data Strategically:** CX focuses on using local data as much as possible to drive decision-making, while recognizing that there may not always be local data for every indicator; some times you will have to use regional or state level data to guide your decision-making. Planning is an art, not a science. It is important to justify decisions, but it is equally important not to become overwhelmed by a wealth of data or paralyzed by a lack of specific data.
- **Local Autonomy Linked with Standardization:** California is a huge state, home to over 35 million people. It has an ethnically and culturally diverse population residing in rural, urban and suburban areas. California has a broad range of industries, including tourism, entertainment, timber, agriculture, and a high tech computer industry. There are both very conservative and very liberal political communities which can greatly influence local initiatives. CX recognizes this diversity and the need to define excellence locally. The standardized list of community indicators and assets and the identification of “core” indicators and assets provides a measure of uniformity within this diverse environment. Local autonomy is achieved by providing responsibility to the Local Lead Agencies (LLAs) and their coalitions to determine where to conduct the assessments and what objectives to develop, and to identify appropriate outcomes for their communities.

What are Community Indicators?

Community indicators represent environmental or community level measures. They are based on observations or aspects of the community other than those associated with individuals. The community indicators reflect intermediate goals of a community-focused tobacco control program.

An example of a community indicator is as follows:

“Extent of tobacco sponsorship at public (e.g., county fair) and private events (e.g., concert or bars) –or– the proportion of entertainment venues with policies that regulate tobacco sponsorship.”

COMMUNITIES OF EXCELLENCE OVERVIEW (Continued)

What are Community Assets?

Community assets represent factors that promote and sustain tobacco control efforts in the community by facilitating tobacco control work. Assets include such things as the level of funding available for tobacco control work; the extent of community activism among youth and adults; the level of support by opinion leaders for community norm change strategies; and awareness of and sensitivity to cultural diversity within the tobacco control program. An example of a community asset is as follows:

“Extent that Master Settlement Agreement funds are appropriated for the purpose of tobacco control activities.”

How do the CX indicators and assets aid program planning?

While rating the CX indicators and assets does not provide a “gold standard” measure, it does provide an assessment of the community’s relative need for targeted efforts based on their review of both quantitative and qualitative data. The final rating assigned to an indicator or asset can be tracked over time and provide an indication of a community’s progress toward achieving excellence in tobacco control. Ratings of the nine individual attributes which make up the final indicator score can help identify the focus of an objective (such as increased enforcement) or direct specific activities that need to be conducted (such as an education campaign, paid media or outreach to key opinion leaders). Through the needs assessment process and consideration of data, the coalition is educated about local data and obtains a broader view of the entire community than they might otherwise. In CX, the coalition is involved with rating the indicators and assets, prioritizing findings, and identifying broad goals to be developed into more specific objectives by the LLA staff.

In sum, the CX needs assessment:

- Identifies community assets available to aid tobacco control efforts, such as the availability of funding, community support, and amount of community activism.
- Focuses the needs assessment and resulting plan of action on community norm change versus individual change.
- Provides a means for coalition members to learn about local tobacco control data and to translate that data into priorities and a plan of action.
- Provides a snapshot picture of the community’s status related to uniform tobacco control measures and in the context for the community’s readiness for action (e.g., social, cultural and political environment.)
- Provides a fixed point in time measure, which can be tracked over time and in relation to final outcomes. For example, one could examine whether there is reduced tobacco use and consumption in communities where there is high compliance with strong, clean indoor air policies.

COMMUNITIES OF EXCELLENCE OVERVIEW (Continued)

What were the major findings from the CX evaluation?

CDHS/TCS conducted an evaluation of CX following its use in developing the 2001-2004 Comprehensive Tobacco Control Plans by local health departments. The evaluation sought to determine the extent to which the first three goals of the planning framework were met. Additionally, the evaluation assessed: 1) the value of the CX training and technical assistance resources provided by CDHS/TCS; 2) barriers and benefits to implementing CX; and 3) the perceived impact of CX's use related to the quality of the needs assessment, comprehensive tobacco control plan, and evaluation plans for local tobacco control interventions. A complete description of the evaluation and findings can be found in *Communities of Excellence in Tobacco Control: Findings of the California Department of Health Services*. The following are several of the major findings from this report.

- Training and technical assistance resources provided by CDHS/TCS aided implementation of CX and facilitated the development of well-written comprehensive tobacco control plans by local health departments.
- Those who used the provided resources benefited the most from their participation in CX.
- Local health departments were very successful at involving their coalitions in meaningful tobacco control planning activities that went beyond merely acting in an advisory capacity, and the majority of health departments reported that their coalitions were satisfied with their participation in CX.
- CX was a helpful planning approach in that two-thirds of local health departments indicated that participating in the CX needs assessment process yielded results not anticipated prior to undertaking the assessment process.
- The final comprehensive tobacco control plans that resulted from CX were well grounded in the needs assessment findings and the majority of plans were well-written, had measurable objectives, activities that matched the objectives, and appropriate evaluation designs.
- The greatest benefits to implementing CX identified by local health departments were that the process provided a planning framework that assisted local health departments to grasp the big picture with regards to tobacco issues in their community, and it resulted in an increase in coalition and community involvement in tobacco control planning.
- There were no significant differences between rural and suburban/urban communities in how CX was perceived or implemented by local health departments.
- The majority of local health departments reported that the search for data was somewhat or very difficult; however, the majority reported that the compilation of the data educated coalition members and was somewhat or extremely helpful.
- The two greatest barriers to implementing CX were the time commitment involved and the lack of sufficient local data for the assessments.

SAMPLE COALITION AGENDA

November 13, 2003 • 12:00 – 2:00
ANNOTATED AGENDA

- 12:00 – 12:30** Lunch and Introductions
 Purpose and Goals of the Meeting
 Brief Overview of CX Process
 Community assessment to build the 2004-07 CTCP
 Engages the coalition in planning
 Focuses on community level needs
 Collects and uses local data
 Provides consistency coupled with local autonomy
 CX Overview handout
- 12:30 – 1:30** Description of CX Assessment
 What are Indicators and Assets?
 List of all indicators and assets (see page XX) handout
 Planning for the Future power point presentation
 Review core indicators (posted together by priority area on flip chart paper around the room)
 Invitation and Expectations for Coalition Involvement
 CX Express handout
 Review CX Steps and Timelines
 Use Timeline handout
 Establish Coalition target dates
 December to January: Indicator rating meetings
 End of January: Coalition prioritization session
 Review assessment results
 Prioritize indicators and assets
 Select indicators and assets for objectives
 Questions and Answers
- 1:30 – 1:50** Next Steps
 Schedule January Coalition Prioritization Session (3 – 5 hours)
 Coalition members sign-up for task forces by priority area
 (sign-up sheets located near the flip chart paper lists of core indicators around the room)
 Priority area task force members schedule next meeting(s) to rate their core indicators
- 1:50 – 2:00** Informal Networking and More Q/A

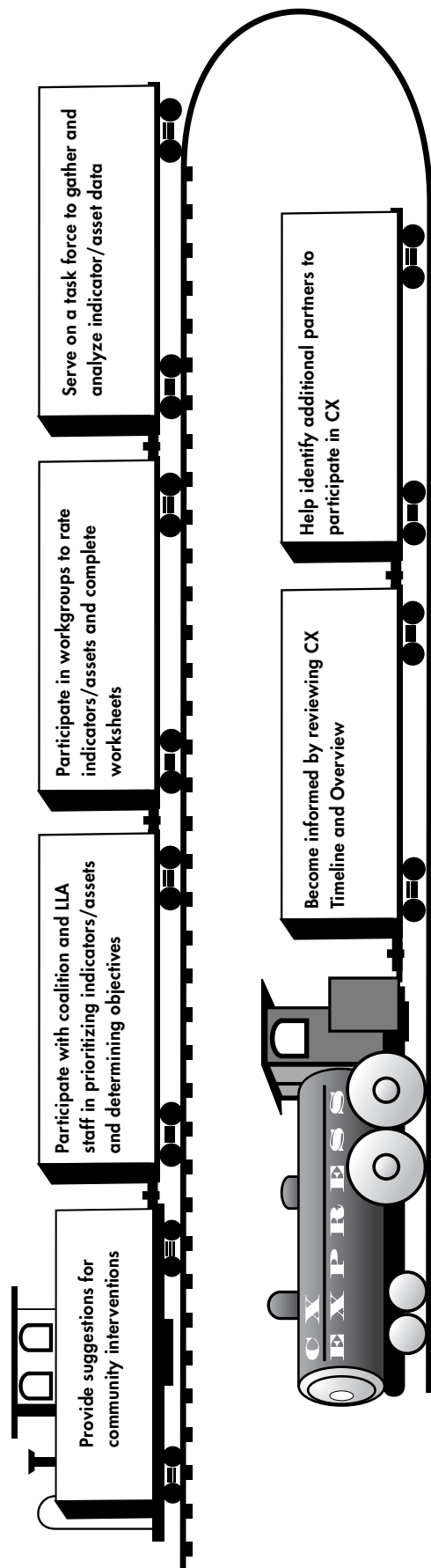
Note: In addition to the 13 core indicators and 14 assets, each LLA will need to rate 3 additional indicators. These additional 3 indicators can be decided upon in a number of ways, including a decision by the entire coalition (preferably at this introduction meeting), or by the priority area task force members.

Additionally, you may want to add to this agenda information regarding the CX evaluation results summarized in the CX Overview handout.

CX EXPRESS COALITION HANDOUT

Don't Let the Train Leave the Station Without You!

W a y s t o G e t O n B o a r d a s a C o a l i t i o n M e m b e r





glossary

GLOSSARY

116 **GLOSSARY OF TERMS**

120 **GLOSSARY OF WORKSHEETS, GUIDES AND TOOLS**

GLOSSARY OF TERMS

Active Enforcement: Proactive action to assess compliance and assess sanctions for non-compliance with local and state laws or policies by an agency or organization authorized to ensure that there is compliance.

Cessation Policy Indicators: These community indicators address the adoption of voluntary or legislated policies designed to promote the availability of behavior modification tobacco cessation services and adjunct pharmacotherapy to aid tobacco cessation.

Community Asset: Factors that promote communities of excellence in tobacco control.

Community Indicator: Tobacco control-related environmental or community level measures that provide a means to assess change at the community level rather than the individual level. Indicators represent intermediate goals of community-focused tobacco control programs.

Community: Refers to a geographically coherent place. For the purpose of the CX Needs Assessment it refers to a county, city, non-incorporated community, political district or American Indian reservation or rancheria.

Compliance: Refers to the degree to which a specific community indicator is institutionalized, as demonstrated by a measure of conformity.

Continuum of Intervention Strategies: Refers to key public health strategies that may be implemented to address a specific community indicator. Strategies are ordered progressively from the least controlling to more controlling. The key strategies identified include: Education/Awareness Campaign, Voluntary Policy, Legislated Policy, and Enforcement. Some strategies are not appropriate for some community indicators. For example, legislated policies and enforcement would not be appropriate strategies to increase the proportion of smoke-free homes or cars. Therefore, the community indicators list does not identify every key strategy for each community indicator.

Counter Pro-tobacco Influences Priority Area: This priority area is aimed at reducing and eliminating tobacco industry and other influences in the community that promote tobacco use as the social norm through activities and strategies such as advertising, promotions, sponsorships, corporate giving, economic incentives, glamorization of tobacco use by entertainment and sports figures, physical cues in the environment, media cues in the environment, and policies.

Cultural Diversity and Cultural Competency Assets: Community assets that reflect the behaviors, attitudes and policies that enable effective work in cross-cultural situations within the community. Culture refers to patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. Competence implies having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by individuals and the community.

Economic Indicators: Community indicators that address financial incentives and disincentives that can be implemented to promote non-tobacco use norms.

Education/Awareness Approach: A public health strategy that refers to informing and increasing

GLOSSARY OF TERMS (Continued)

awareness using methods that may include, but are not limited to: presentations, outreach visits, training, use of the Internet, dissemination of materials or public relations activities.

Enforcement: A public health strategy that refers to actions by an agency or organization authorized to ensure that there is compliance with laws, ordinances or policies and to assess sanctions for non-compliance.

Health Jurisdiction: The service area covered by each county or city health department.

Global Movement Indicators: Community indicators address: 1) countering the national and international sale and promotion of tobacco products by tobacco companies in other states and countries; and 2) building the capacity of other states and countries to respond to the marketing and sales practices of tobacco companies and the public health impact of their practices.

Legislated Policy: A public health strategy that refers to an official rule adopted by a governing body made up of representatives selected by the public, (e.g. school board, city council, tribal council, board of supervisors, etc.)

Master Settlement Agreement: Refers to the tobacco settlement between the State Attorneys General and the tobacco companies.

Media Attention: Extent to which the media covers local, state and national tobacco stories in the print and electronic media.

Media Campaign: Development and/or placement of paid advertising or public service announcements in outdoor, print, television, radio, Internet and other mediums. Relates to advertising rather than public relations activities.

National Association of County and City Health Officials: A non-profit organization that serves nearly 3,000 local health departments; provides education, information, research and technical assistance to local health departments; and facilitates partnerships among local, state, and federal agencies in order to promote and strengthen public health. Their document, "Funding Guidelines for Comprehensive Local Tobacco Control Programs" may be found at the website: www.naccho.org

Non-traditional Partners: Individuals with personal interests or people representing community organizations that differ from the traditional health, education and social service agencies.

Physical Environment Indicators: Community indicators that address the pollution and safety hazards posed to the natural environment by the production and use of tobacco products.

Priority Area: A broad policy theme identified by CDHS/TCS for organizing program planning and funding decisions. Together the priority areas act to change social norms around tobacco use. The priority areas are: 1) Counter Pro-tobacco Influences; 2) Reduce Secondhand Smoke Exposure; 3) Reduce Tobacco Availability; and 4) Promote Tobacco Cessation Services.

Promote Tobacco Cessation Services Priority Area: A priority area that addresses the availability and provision of culturally and linguistically appropriate behavior modification tobacco cessation services and adjunct pharmacotherapy.

Provision of Cessation Services Indicators: These community indicators address the direct

GLOSSARY OF TERMS (Continued)

provision of culturally and linguistically appropriate cessation services or pharmacotherapy (not provided as part of a health insurance benefit).

Proposition 10: A ballot initiative that was passed by California voters in 1998 which increased the state excise tax on cigarette products by 50 cents per pack and raised the tax on other tobacco products as well. The tax was earmarked for programs to promote early childhood development programs and activities including encouraging pregnant women and parents of young children to quit smoking.

Public Awareness: Degree that the members of the community are aware of the community indicator and its importance.

Public Health Service Clinical Guidelines for Treating Tobacco Use and Dependence:

Standards for treating tobacco use and dependence based on a literature review and expert opinion. More information about the Guidelines is available from the Agency for Healthcare Research and Quality website: www.ahrpr.gov.

Public Support: Degree that the members of the community hold attitudes and beliefs that support efforts to address the community indicator.

Reduce Exposure to Secondhand Smoke Priority Area: A priority area that addresses efforts to reduce and eliminate tobacco smoke in various indoor and outdoor locations.

Reduce Exposure to Secondhand Smoke Enforcement/Compliance Indicators: These community indicators address enforcement and/or compliance of state or local legislated policies intended to reduce or control exposure to secondhand smoke in indoor and outdoor settings.

Reduce Exposure to Secondhand Smoke Policy Indicators: These community indicators address the adoption of voluntary or legislated policies to reduce or control exposure to secondhand smoke in indoor and outdoor settings by individuals, families, agencies, organizations, businesses, boards, government bodies and others.

Reduce the Availability of Tobacco Priority Area: A priority area that addresses the sale, distribution, sampling or furnishing of tobacco products within the community.

Reduce the Availability of Tobacco Enforcement/Compliance Indicators: These community indicators address enforcement and/or compliance of state or local legislated policies intended to control the sale, distribution, sampling or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

Reduce the Availability of Tobacco Policy Indicators: These community indicators address the adoption of voluntary or legislated policies intended to control the sale, distribution, sampling or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

Reduce the Availability of Tobacco Behavior Indicators: These community indicators address

GLOSSARY OF TERMS (Continued)

individual behaviors related to controlling the sale, distribution, sampling or furnishing of tobacco products or nicotine containing products that are promoted as reducing harm for the user, but which are not intended to result in cessation of tobacco use.

School/Community-based Prevention Indicators: Community indicators that address the availability and provision of tobacco use prevention information to youths in school and in the community through youth serving programs such as Scouts or 4-H.

Social Capital Assets: Community assets that address people and organizations working collaboratively in an atmosphere of trust to accomplish goals of mutual benefit.

Tobacco Control Funding Assets: Community assets that address the extent funding is available for tobacco control activities.

Tobacco Marketing and Deglamorization Indicators: Community indicators that address: 1) the marketing tactics used to promote tobacco products and their use, 2) the public image of tobacco companies; and 3) activities to counter the marketing, glamorization and normalization of tobacco use.

Voluntary Policy: Refers to an official rule that is adopted by an agency, organization, business or institution to address the practices, procedures, employees, users or beneficiaries of that agency, organization, or institution's services or products.

GLOSSARY OF WORKSHEETS, GUIDES AND TOOLS

The following is a description of the worksheets, guides and tools that can be used to facilitate Communities of Excellence implementation.

WORKSHEETS TO COMPLETE	PAGE NUMBER
Community Assets Worksheet	48
<p>A tool to document the rating of the 14 community assets and the data sources used to obtain the asset scores. This form will be submitted online with the 2004-07 Comprehensive Tobacco Control Plan in April 2004. There is also a Community Assets Worksheet: Instructions page to assist with the completion of this form.</p>	
Community Indicator Worksheet	37
<p>A tool to document the rating of the 63 community indicators and the data sources used to obtain the asset scores. This form will be submitted online with the 2004-07 Comprehensive Tobacco Control Plan in April 2004. There is also a Community Indicator Worksheet Instructions page to assist with the completion of this form.</p>	
New Partners in Tobacco Control	87
<p>A tool to help you identify potential new partners for each of the indicators and assets that may be selected for inclusion into the 2004-07 Comprehensive Plan.</p>	
GUIDES TO HELP YOU	PAGE NUMBER
Assets for 2004-2007	11
<p>A summary of the assets for 2004-2007.</p>	
Community Assets	28
<p>A three column document that identifies each of the 14 assets, intervention strategies and possible data sources for assessing each asset.</p>	
Community Asset Worksheet Rating Guide	53
<p>A document to assist with the completion of the Community Assets Worksheet. Provides detail on the rating level for each of the 14 assets, ranging from None to Excellent.</p>	
Community Indicators	13
<p>A three column document that identifies each indicator, intervention strategies and possible data sources for assessing each indicator.</p>	
Community Indicator Worksheet Rating Guide	40
<p>A document to assist with the completion of the Community Indicator Worksheet. Provides detail on the rating levels from None to Excellent, beginning with "public awareness" and ending with "compliance".</p>	
Core Community Indicators	9
<p>A summary of the core indicators for 2004-2007.</p>	

GLOSSARY OF WORKSHEETS, GUIDES AND TOOLS (Continued)

2001 Statewide Rating of Core Indicators	10
Provides the overall statewide average rating for each indicator in 2001.	
2001 Statewide Rating of Assets	12
Provides the overall statewide rating for each asset in 2001.	
Gathering Data	67
Helpful ideas on how and where to gather data, types of data available, and how to select data that is relevant.	
Process and Timeframes	7
Identifies the series of activities that take place between the October trainings and the submission of the 2004-07 Comprehensive Plan.	

COALITION ASSISTANCE	PAGE NUMBER
CX Express Coalition Handout	113
A tool for explaining the various roles and stages for coalition involvement in the CX assessments.	
Overview	96
A synopsis of the Communities of Excellence (CX) in Tobacco Control assessment and evaluation results. This handout can be given to coalition and community members to help explain the CX model.	
Planning for the Future Power Point Presentation	100
A tool for describing the CX indicators and assets to coalition members.	
Principles of Community Planning Tip Sheet	66
Identifies 7 core elements of community planning. This handout can be reviewed with your coalition to prepare for them for the planning process.	
Priority Setting Models and Tip Sheet	80
Describes 2 models and a tip sheet that can assist you with the priority setting process.	
Sample Coalition Agenda	112
A tool to aid planning the CX introductory meeting with coalition members.	
Steps to Help You Get It Done	73
A sample task plan to help you identify tasks, timelines and who's responsible throughout the assessment process.	



appendix

APPENDIX

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WEBSITES AND OTHER RESOURCES

Advocacy Institute

<http://www.advocacy.org>

The Advocacy Institute is a U.S. based global organization dedicated to strengthening the capacity of political, social, and economic justice advocates to influence and change public policy. The Advocacy Institute's tobacco control project provides action alerts and publications; a collection of resources that states are using to present the case for using tobacco settlement money for effective tobacco control programs; links to the leading resources in tobacco control; and numerous publications available to the public.

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov>

AHRQ, part of the U.S. Department of Health and Human Services, is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHRQ's broad programs of research bring practical, science-based information to medical practitioners and to consumers and other health care purchasers.

Altria Website

http://www.altria.com/responsibility/04_05_03_00_WhoWeFund.asp

Altria Group, Inc. is the parent company of Kraft Foods, Philip Morris International, Philip Morris USA and Philip Morris Capital Corporation. Altria Group, Inc.'s contributions program is committed to making a real and lasting difference in people's lives. The primary focus areas for giving are hunger, domestic violence prevention and the arts. Altria also makes grants in the areas of AIDS and the environment.

American Lung Association of California

<http://www.californialung.org/support/tobaccocontrol.shtml>

The American Lung Association of California and its 15 local associations work to prevent lung disease and promote lung health. Among other things, ALA of California has assumed a leading role in the fight against tobacco, helping smokers to quit, encouraging children not to start smoking, and protecting nonsmokers from secondhand smoke. For an updated listing of Master Settlement Agreement (MSA) funding by county, click on "Fact Sheets" and then "Tracking Tobacco Settlement Funds: Detailed Chart of Latest City & County Fund Allocation Plans"

Americans for Nonsmokers' Rights

<http://www.no-smoke.org>

This site contains data on secondhand smoke, tobacco industry documents, youth issues, as well as information on other ANR-sponsored campaigns.

Big Tobacco Sucks

<http://www.bigtabacosucks.org/>

The Campaign against Transnational Tobacco mobilizes students to use the investment power of their universities to challenge the global tobacco industry's violation of human rights, public health and the environment.

WEBSITES AND OTHER RESOURCES (Continued)

California Children & Families Commission

<http://www.ccfc.ca.gov>

The California Children and Families Commission (funded by Prop 10) seeks to provide all children prenatal to five years of age with a comprehensive, integrated system of early childhood development services on a community-by-community basis.

California Department of Education

<http://www.cde.ca.gov/>

The public website for the California Department of Education (CDE) provides links to all aspects of public education in California.

California Department of Health Services, Tobacco Control Section

<http://www.dhs.ca.gov/tobacco>

The public website for the Tobacco Control Section contains links to reports, fact sheets, evaluation resources, and other public documents.

California Healthy Kids

<http://www.hkresources.org/>

California Healthy Kids is administered for the California Department of Education (CDE) and the California Department of Health Services (CDHS). It provides access to reviewed health education materials for free loan, research summaries, school health laws, program and consultant services and links to reviewed health education websites.

California Legislative Information Web Site

<http://www.leginfo.ca.gov>

The official site for California legislative information is maintained by the Legislative Counsel and includes information on Senate and Assembly bills, as well as a searchable database of California laws.

California Youth Advocacy Network

<http://www.cyanonline.org/>

The California Youth Advocacy Network (CYAN) is dedicated to the support of youth and young adult tobacco control advocacy throughout California. By providing young people and agencies working with young people with the tangible tools for action, CYAN strives to mobilize a powerful statewide movement for tobacco control.

Campaign for Tobacco Free Kids (CTFK)

<http://www.tobaccofreekids.org>

CTFK provides information about the campaign, state specific information related to tobacco use and the tobacco settlement, downloadable reports, news highlights and more.

CDC Global Tobacco

<http://www.cdc.gov/tobacco/global/>

The Centers for Disease Control and Prevention's (CDC), Global Tobacco Control Program in the Office on Smoking and Health is dedicated to working with partners to act now to prevent future death and disease through effective and sustainable global tobacco prevention and control programs.

WEBSITES AND OTHER RESOURCES (Continued)**CDC HealthComm KEY Web Site**

http://www.cdc.gov/od/oc/hcomm/hcomm_about.html

HealthComm KEY is a database of health communication literature, focusing on communication research and practice in the context of public health. The database, developed by CDC's Office of Communication, is designed for researchers and program staff within CDC, and also for professionals, students, and others outside of CDC who are interested in health communication.

CDC Tobacco Information and Prevention Source (TIPS)

<http://www.cdc.gov/tobacco>

The CDC's "TIPS," provides extensive coverage of tobacco education and prevention issues. Sections include an overview with quick tobacco information and links; publications; online full-text Surgeon General's Reports related to tobacco; Research, Data, and Reports; How To Quit Guides; educational materials; new citations; state information with national, state and local tobacco control data, full-text publications and reports, and STATE: State Tobacco Activities Tracking & Evaluation System searchable database.

Center for Tobacco Cessation

<http://www.ctcinfo.org/>

The Center for Tobacco Cessation (CTC) is an organization focused solely on tobacco cessation issues. CTC serves as a source for the best available science on cessation and works with national partners to expand the use of effective tobacco dependence treatments and activities. The organization is funded jointly by American Cancer Society and The Robert Wood Johnson Foundation.

CigaretteLitter.Org

<http://www.cigarettelitter.org/>

This is an informal, non-profit organization dedicated to dramatically reducing cigarette litter across the United States. The goal is to accomplish this task by raising public awareness of the issue and educating communities about the facts regarding cigarette litter. The site advocates forming a network of smokers and non-smokers, individuals and businesses, non-profit and government organizations, local police and fire departments, and anyone else who shares the goal of a national landscape free of cigarette litter.

California Online Database for Enforcement (CODE)

<http://webtecc.etr.org/code/> - (password protected)

The California Online Database for Enforcement (CODE) is a password-protected electronic searchable Web database, which contains all tobacco control enforcement information administered by the California Department of Health Services, Tobacco Control Section (CDHS/TCS). CODE is a state-of-the art efficient data management system that standardizes and streamlines data collection across TCS enforcement contracts. Standardizing how information is collected enables enforcement projects and CDHS/TCS to generate a variety of data reports.

WEBSITES AND OTHER RESOURCES (Continued)

Common Cause

<http://www.commoncause.org/>

Common Cause regularly publishes investigative studies on the effects of money in politics and reports on a variety of ethics and integrity-in-government issues. The Soft Money Laundromat is a searchable database of special interest soft money contributions to the Democratic and Republican national party committees. Reports are in the Data Center, search "by Industry", then select "Tobacco". Also see www.commoncause.org/states/california for specific California information.

Community Level Indicators

<http://faculty.washington.edu/~cheadle/cli/>

Community level indicators are another way of measuring community health. This web site assists in discovering ways to monitor the health of your community; it helps those who do not have enough resources for extensive surveying and feel that existing secondary data (e.g. census data) are inadequate. It also assists those who believe that environmental factors influence health and want to find a way to measure them.

Counting California

<http://countingcalifornia.cdlib.org/>

Counting California is an initiative committed to enhancing California citizens' access to the growing range of social science and economic data produced by government agencies. In a departure from more static formats, Counting California's single interface enables users access to public use data compiled by federal, state, and local agencies, and also allows users to collate and integrate data by topic, geography, title, and provider. Counting California also addresses the serious preservation dilemma posed by ever-changing technology and data formats, insuring easy and continuous access to historical and current information.

C-STATS

<http://www.cstats.info/>

C-STATS provides online access to California's county, regional, and statewide tobacco resources. Developed by the California Department of Health Services, Tobacco Control Section (CDHS/TCS) and the Tobacco Education Clearinghouse of California (TECC), C-STATS provides access to a wide variety of information, including evaluation resources for local projects, publications, and local information on a broad range of tobacco-related indicators, from behavioral measures to local policies.

Galen II Tobacco Control Archives

<http://galen.library.ucsf.edu/tobacco>

The Tobacco Control Archives (TCA) is a source for papers, unpublished documents and electronic resources relevant to tobacco control issues in California.

WEBSITES AND OTHER RESOURCES (Continued)**Local Program Evaluation Database**

www.tecc.org (password protected)

The Local Program Evaluation Database contains case studies and other evaluation reports. The reports that have been rated medium or high are available in abstract format, or full report format. Please contact TECC Library Staff for information on how to locate these reports.

Monitoring the Future

<http://www.monitoringthefuture.org>

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. The web site contains various information on youth smoking trends.

National Association of County and City Health Officials (NACCHO)

<http://www.naccho.org/GENERAL185.htm>

This website is a good resource for determining programmatic resource requirements (as well as a host of other considerations) including an online version of their "Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs" document.

National Cancer Institute's Monographs

<http://cancercontrol.cancer.gov/tcrb/monographs>

The National Cancer Institute established the Smoking and Tobacco Control Monograph series in 1991 as a means of providing a more rapid mechanism for the systematic and timely dissemination of information about emerging public health issues in smoking and tobacco use control. There are currently 15 monographs, the majority of which are available online in electronic format.

Next Generation Alliance

<http://www.tobaccofreealliance.org/>

The Next Generation California Tobacco Control Alliance is a statewide organization working to reduce the use of tobacco in California through collaboration with traditional tobacco control organizations and new partners. Designed to go beyond traditional efforts, the Alliance unites government, nonprofit, health, corporate, academic and business organizations behind a comprehensive statewide tobacco control strategy.

OTIS

<http://catob.esp.fsu.edu/> (password protected)

The Online Tobacco Information System (OTIS) is a password protected electronic searchable database which eventually will contain all tobacco control plans, progress reports and fiscal reports administered by the California Department of Health Services, Tobacco Control Section (CDHS/TCS).

WEBSITES AND OTHER RESOURCES (Continued)

PARTNERS Web Site

<http://www.tcspartners.org> (password protected)

This internal web site for TCS-funded projects has a special topic area devoted to Communities of Excellence in Tobacco Control. This special topic area contains links to questionnaires, resources, websites, assessments tools, timelines, training/technical assistance information and a special area in the Strategy Exchange for postings information related to Communities of Excellence.

Prescription for Change

<http://www.rxforchange.org/about/about1.html>

This site contains a list of tobacco free pharmacies in California by county.

Protect Local Control

<http://www.protectlocalcontrol.org/>

Local control is at the heart of our broader goal of educating the public about the health effects caused by secondhand smoke and changing attitudes regarding smoking in ways that harm other people. A powerful change process unfolds as a community debates the issue of secondhand smoke. Letters to the editor, town hall meetings, public debate, and media coverage all ensue. During this process, the community gains an increased understanding of the health risks associated with secondhand smoke, resulting in strong community support for a law protecting nonsmokers.

Smokefree Apartments

<http://smokefreeapartments.org/>

This is a public database of apartment houses, condo and townhouse developments which are offered for rent or lease where individual buildings, including all units, are totally free of tobacco smoke. Multi-unit residential buildings which feature one third of contiguous units as smokefree can also be included.

Smokefree Housing

<http://www.smokefreehousing.org/>

Smokefreehousing.org was created to provide a source for accessing information on smoke free housing in Northern California and provides a searchable database of listings.

Smoke-Free Movies

<http://smokefreemovies.ucsf.edu/>

Site features include: background information on tobacco use/promotion in the movies; who's who - people in Hollywood who contribute to and who can also help to solve the problem (studios, Motion Picture Association of America, producers, directors, actors, writers, editors, property masters); steps Hollywood can take to get rid of smoking in the movies; suggested advocacy actions to take; copies of print ads in the New York Times and other publications; and links/resources.

WEBSITES AND OTHER RESOURCES (Continued)**Stop Teenage Addiction to Tobacco (STAT)**

<http://www.stat.org>

This site contains information for youth and parents, fact sheets, advocacy suggestions, news, information on cessation programs designed for teens, information on the tobacco industry, SYNAR, and more.

Technical Assistance Legal Center (TALC)

<http://www.phi.org/talc/>

The Technical Assistance Legal Center (TALC) provides free technical assistance to California communities seeking to restrict tobacco advertising and promotions, limit tobacco sales, or divest their pension funds from tobacco stocks.

California Tobacco Control Project Directory

www.tecc.org (Password protected)

The online searchable California Tobacco Project Directory provides information about projects funded by the California Department of Health Services, Tobacco Control Section (CDHS/TCS). It provides project contact information, a description of each project's activities, and information about materials that projects are developing. The directory also helps facilitate communication among TCS-funded projects by allowing staff to find projects that are working with the same populations, developing materials others can use, and working on activities with which projects can collaborate. It also provides information on how projects are evaluating their objectives and who their evaluators are. The directory is searchable by project or agency name, region, project summary, objective/intervention, keyword, materials projects are developing, subcontractors and evaluators.

Tobacco Education Clearinghouse of California (TECC)

<http://www.tecc.org>

TECC offers reference and research assistance, an online circulation guide of materials to borrow, including material to help reach indicator goals (e.g., The Divestment Guide), and extensive web links for TCS-funded projects.

Thumbs Up, Thumbs Down

<http://scenesmoking.org/>

A team of adults and specially selected youth volunteers complete reviews of the top 10 movies each week. The youth have a minimum of 1-year experience reviewing with the Thumbs Up! Thumbs Down! Project and are selected based on their exemplary performance in the program. Reviewers use data collection sheets, and provide a short analysis of their perception of tobacco depiction in the movie.

Thumbs Up, Thumbs Down

<http://www.saclung.org/thumbs/report%20card%202003.pdf>

Each year teenagers in Sacramento review the top 50 domestic box office movies from the previous year for tobacco content. Movies are analyzed for perceived messages on tobacco use, who uses tobacco, and where tobacco is used. Results are then compared with data from previous years. Reviewers have now completed reviewing 550 movies from May 1991 through April of 2002.

WEBSITES AND OTHER RESOURCES (Continued)**Tobacco Technical Assistance Consortium**

<http://www.ttac.org>

Established in 2001 through a grant from the American Cancer Society, the American Legacy Foundation, and The Robert Wood Johnson Foundation, the Tobacco Technical Assistance Consortium (TTAC) provides technical assistance, information resources, and training for state and local tobacco control programs.

University of Kansas' Community Building Tools

<http://ctb.lsi.ukans.edu>

Includes practical guidance for improving community health and development. There are more than 3,000 downloadable pages of specific, skill-building information on more than 150 community topics. Specific sections of this web site include: Community Building Tools, helpful Links to Other Web Sites, Forums and Chatrooms, Community Troubleshooting Guide, and Guide for Writing a Grant Proposal.

US. Census Bureau

<http://www.census.gov/>

The Census Bureau, which is part of the U.S. Department of Commerce, serves as the leading source of quality data about the nation's people and economy. The sole purpose of the census and surveys is to collect general statistical information from individuals and establishments in order to compile statistics.

World Bank Group Site on Economics of Tobacco Control

<http://www1.worldbank.org/tobacco>

The site contains information on the economics of tobacco control and provides information, analyses, reviews and links to help researchers and policymakers and to assist governments to choose and implement effective tobacco control measures.

World Health Organization (WHO) Tobacco Free Initiative

<http://www.who.int/toh/>

The Tobacco Free Initiative (TFI) is a WHO cabinet project created to focus international attention, resources and action on the global tobacco pandemic that kills four million people a year. The site contains excerpts from speeches and press releases, as well as information about World No Tobacco Day.

